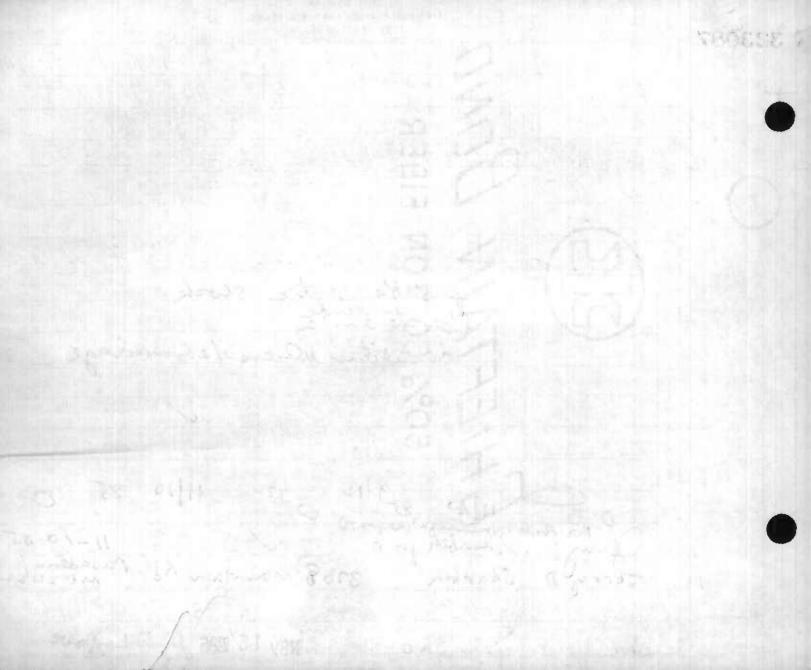
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| の表記を長者/ の表記を手者/ | 19 | MARRIED ANEVER MARRIED WARRIED | 7 |
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| | FOR | | DEDA | STATE OF MARYLAND | CIPME 23 | | |
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| 23087 | 1 - STATE REGISTRAR | | DEPA | RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG. NO. | 2 9 | 7 3 |
| 8 TI | N. DECEASED NAME (THE OF PERM) | MARY | MIDDLE | OMOUR | 20. DATE OF DEATH MO | 10 85 | 12 HOUR /2:50 |
| ge 4 mo | I SEX FOMO | 10 1 | RACE White | 5 DATE OF BIRTH MONTH 8 DAY 24 YEAR 91 | 6 AGE (IN YEARS LAST BIRTHD) | MONTHS DAYS | |
| 191 | JE BIRTHPLACE IN | 1/14 / | CITIZEN OF WHAT COUNTE | MARRIED NEVER MARRIED WIDOWED DIVORCED | (1 / 1 / 1 / 1 / 1 / 1 / 2 / | UNITY OF DEATH | WE |
| 1 19 90 | CHOWNSY | 7/0 / | I. NAME OF HOSPITAL, NUR IF NOT INSUCYTACILITY, GIVE STI | SING HOME OR OTHER INSTITUTION REST ADDRESS) | 120 USUAL OCCUPATION (TYPHOF WORK FOR MOST OF WO | | 0 / |
| not | THE STATE OF THE | UN COUNTY | MER INSTITUTION GIVERESIDENCE BE | | 130 STREET ADDRESS / ZI | P CODE BO | . 21330 |
| 120 | Lela | tree " | DOLE Jambu | 15. MOTHER'S MAIDEN N FIRST Concetta | AME MIDDLE | 7 " | AST |
| 11/1/2 | WAS DECEASED YES NO OR UNKNO | | | CURITY NO. (1) INFORMANT Jan | barr 8496 | Heathern | 20707 Du |
| quires that his death or egred by the attends has please remove cost to burnal, compation, or qury, or other traumation. | gave rise (cause (a), underlying | f any, which a immediate stating the cause last | DUE TO, OR AS A CONSE | cleremia | ans lados Minal disease or conditi | ON GIVEN IN PAR | e |
| 1 | THCATION | PERATION | 196 CONDITION FOR WH | CH OPERATION WAS PERFORMED | 200 AUTOPSY? 20 | b. IF YES, WERE FINDS I CERTIFYING CAUSE YES 7 | INGS USED S OF DEATH? |
| Class The | S CONTRACTO | CAUSE OF DEATH | 216. TIME OF INJURY HOUR A.M. MONTH P.M. | DAY YEAR | RRED (ENTER NATURE OF INJURY IN | | |
| Company of the to- | Ne Manual Co | CCURRED | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFI | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| TENDIN Prof or TOR M To ref o | 201 AA 111 CHA | eceased alle all | view the body ofter death | and that in (my) our opinion | , ta | | , that (1) we) ast e causes stated |
| AL OF A the hon AL DRES Selected one Dept. | The Congression | rus A | " Sharbeh | | MEDICAL STAFF DIRECTOR PHYSICIAN | _ 11. | E SIGNED |
| O FUNERA O F | THI PHYSICIA | ry D. | Sharbeh | 3708 M | ountain A | d. Pas | adena, |
| BP | Eurial CREMA | | 236 DATE 11-14-1985 | July De Leomer | Saltra S | COUNTY | Tal STATE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 74 POVERAL DIREC | S Carr | mt Son 30 | MC PALTO - ZIZZZ NAK | 1 5 1985 | REGISTRAR'S SIGNA | Bodall |



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNEAL DIRECTOR, when should be detached for see as if with the State Dept. of Health as MAPORTANT, if hem 21 in market

DHMH - 16 60M 7/84

(VRA 15, 4)

329034 1 - FOR STATE REGISTRAR DEP

| STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | IENE | REG | 5 | 2 | 9 | 7 | 3 | - |
|--|----------|----------|----------|-------|-------|-------|-------------|---|
| ANDERSON | 2a. DATE | OF DEATI | H MONTH | - DAY | YE AR | 26 HC | D'SC D'A | M |

| - 71 | | REGISTRAR | | | | REG. N | 0. | | 100 |
|------|---------------|--|--|--------------|----------------------------------|----------------------------|------------------------|-------------------------|---------------------------------|
| # | 1 DEC | CEASED TAME FIRST OR PRINT) | thy D. f | tol | ERSM | 20. DATE OF DEATH | MONTH DA | 85 | 10 AM |
| 1 | F | emale (| CITIZEN OF WHAT COUNTR | S DATE O | DAY | 6. AGE (IN YEARS LAST BI | YRS. | DAYS | HOURS MIN. |
| 1 | d | olomdo | 10.50 | MARRIE | | 0 | 0 | 110 | |
| 2 | 10. CI | TY OR TOWN OF DEATH | NAME OF HOSPITAL, NUR- | SING HOME C | PROTHER INSTITUTION | 120 USUAL OCCUPAT | ION | | BUSINESS OR |
| 2 | H | | one Arunda | 1 Gene | eral Hospital | DIRECTO | | Admini | the at a |
| 2 | 13a S | AL RESIDENCE (IF NURSING HOME OR OTH TATE 136 COUNTY | ER INSTITUTION GIVE RESIDENCE BEF | | 13d INSIDE CITY LIMITS? | 130 STREET ADORESS | | 314 | o 3 |
| 1 | 14 FA | Herbert MIDI | DIE DIE | 12 | A PIRST | AME | | LAST | |
| | 160 V | VAS DECEASED EVER IN U.S. ARMEI (EP VIC OR HUKNOWN) (IF YES GIVE W. | | -1748 | John S. A | nderson. | So | #13 | LS |
| | | 18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C | Y: A A COLO. | Calla. | vanone = | y lune, | | APPROXIMA BETWEEN ON | ATE INTERVAL SET AND DEATH |
| | | Conditions, if any, which gave rise to immediate cause (a), staling the underlying cause lost | DUE TO, OR AS A CONSEGUE | wil | L cevehral | metastag- | es. | 2 mo | |
| 4 | CERTIFICATION | PART 2 OTHER SIGNIFICANT CON | OC CONTRIBUTING TO CONTRIBUTING TO CONDITION FOR WHITE | | | MINAL DISEASE OR CON | | VERE FINDING | CLISED |
| r | TIFIC | | | | | YES NO | IN CERTIFYII | NG CAUSES O | F DEATH? |
| 9 | | ?10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. | DAY YEAR | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF INJU | RY IN ITEM 18 PART | FOR PART 2) | |
| | MEDICAL | 216 INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC | E FARM, ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| | | 220/1 certify that (1) (this haspital) saw the deceased alive on above, (1)(we) (did) (did not) vi | 1/1/1/ 19 | 2 | d that in (my) (aur) opiniar | , to | 19, 19, ate and havi a | | at (I) (we) last uses stated |
| | | SIGNATURE CLU N | nb- 10 | | DEGREE ATTENDING PHYSICIAN | MEDICAL STA | | 11 /1 2/ | DI |
| | | PHYSICIAN'S NAME LIVE ORPRI | Peelen Mi | 7 | DI rank | in St. A. | mana | strs, m | a |
| | 23a B | PECIFY) | 36. DATE 23 | Ceda | EMETERY OR CREMATORY | 23d LOCATION | P | COUNTY | STATE |
| 1 | 24 FU | INERAL DIRECTOR | A ADDOMES | | 25a. | OV 2 1 REPOSTR | 256 REGISTRA | 8/SSIGNATUR | Short |
| 1 | 10 | ylor tuneral | Chapel-H | nnapo | CIM, 271 | | U | | |

Donald M.

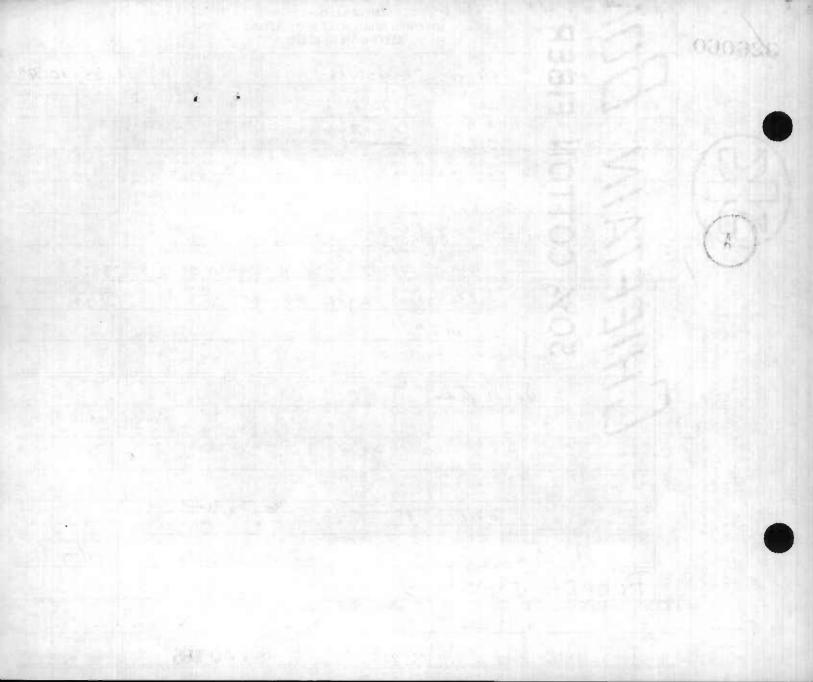
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| | | FOR | -22a 12/ | 23/85 mtb | DEPART | | HEALTH | | ENTAL H | YGIENE F DEATH | 8 5 | - 7 | 1993 | 36 |
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| 338059 | 1 0 | REGISTRAR ECEASED NAM (PE OR PRINT) | | | WIDDLE | EXAMIN | | LAST | LATEO | 2 a | DATE KNOWN OF ESTI- | MONTH | DAY YEAR | 2b HOUR |
| PLEAS PLIES OURS | 3. SE | | Jutta ^{4 RACE} | Angel: | YEAR | 6 AGE JIN YEA | RS IF UN | DER 1 YR. | IF UNDER | 24 HRS - 2c. | DATE DNOUNCED | MÖNTH | DAY YEAR | 2d HOUR 8:02 |
| - 6 | 70.1 | OREIGN COUNTRY) | | 7b. CITIZEN OF W | HAT COUN | TRY? | 8 MARRI | - | VER MARRIE | ED U | ALTIMORE CIT | _ | TY OF DEATH | а. м |
| PACES STATES | 10.0 | Germany OR TOWN Glen | II. NAME OF HO | Germany WIDOWED DIVORCED Anne ARunde NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) North Arundel Hospital Janitorial Service | | | | | | 126 KIND OF BU OR INDUST | SINESS | | | |
| AND 31 PETAIN PROPERTY PROPERT | 3a | Md Md | 13b COU | OR OTHER INSTITUTION, C | 13c. CITY | | ON) | 13d INSIDE CI YES | NO 🗓 | 13e STREET 8231 | | | 21144 | te: |
| NORE, MD. | M | Helmut WAS DECEASE | E D EVER IN U.S. AI | MIDDLE | F | last Reu LIAL SECURITY | NO. | FI | Erna Ena | | ADDRE | SS | (Unkno | wn) |
| BALTIMORE RS ATTR DEA K GIVE PAGES MITH FOON PAGES DIVISIONER | 1 | YES, NO, OR UNKNO | OWN) (IF YES, GIV | e war or dates) None nly ane cause per lin | 190 | .46.39 | | | | | rington | | as # 1. | INTERVAL |
| 201 W. PRESTON ST UTED WITHIN 24 HOI IN PECUL IN ITEM I EXAMINER ALONG EXAMINES PERMI O MENTAL HYGIENE. | 5 | Conditio | ins, if any, which ise to immediat) stating the under | ATE CAUSE (a) | R AS A CON Acut | iration ISEQUENCE O LE Etha ISEQUENCE O | nol | die | | 3-14- | | | BETWEEN ONSE | AND DEATH |
| NULD BE EXECUTED WILD BE EXECUTED WIPPENDINGS IN PR EEM MEDICAL EXAM SED AS A BURIAL HEALTH AND MEI HEALTH AND MEI | ATION | | IGNIFICANT CONDITION | S CONTRIBUTING TO GEATH | | TEO TO THE TERM | | | | 110, | | | 20 AUTOPSY | , |
| DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECUTED THE WORD "PENDING" REDICAL E3 SHOULD BE USED AS A BUR TO THE CHEF MODICAL TO THE CHEF MODICAL TO THE CHEF AND THE DEFARMMENT OF THE ATHA AND REDICAL TO THE LITH AND REPORT TO T | AL CERTIFICATION | UNDERLYING | AL CAUSE WAS G OR ING CAUSE OF | | M. MONTH | DAY YEAR | 21c. HC | W INJURY | OCCURRE | D (ENTER NATU | RE OF INJURY IN ITEM | T8 PART 1 OR PA | YES [X | NO 🗆 |
| DIVISIO THIS CERTIF E, WRITING WARDED TO PAGE 3 SHC | Ÿ. | 21d INJURY | | 21e PLACE | OF INJURY | | | CATION | | Cil | Y OR TOWN | со | UNTY | STATE |
| TO MEDICAL EXAMINER: RECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORE TO FUNERAL DIRECTOR: AFIER DEATH WITH THE SAMENOME AND | 2 | 22a I cert death result ACTUAL SIGNATUR | | ge of the remained aurol couses IX | Accident | | cide . | Homic Homic SASSIS | PECIFY) | Undetermi | ned manner | and in my op , DATE SIGNE | 11-26- | 85 |
| 142 | | EXAMINER'S (TYPE OR PRI BURIAL, CREMA (SPECIFY) Cremati | TION, REMOVAL | nnis F. Si Z3h. DATE Nov. 26,19 | 23c. N | NAME OF CEM | NETERY OF | CREMATO | ORY | 23d LOCA CITY OR TO | ., Balto | o., Md | NTY ST | ATE |
| 07/84 BP/ 7 3 DHMH - 17 (VR A15 ME (5 | 24 1 | UNERAL DIREC | AL | al Home Gl | m. | | | 1 | 250. DATE R | EC'D. BY REC | GISTRAR 256 RE | GISTRAR'S S | | 12. |

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| 26060 | | FOR STATE REGISTRAR | | | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH | REG. N | | 2 9 | 13 |
|--|---------------|--|-----------------------|--|--------------------|--|----------------------------|-------------------|------------------------------|----------------|
| 0 m £ | | CEASED NAME FIRE | | MIDDLE | | | 20 DATE OF DEATH | MONTH DA | | h HOUR |
| page 3 | 2.65 | MAK | | EEDERS | BARKS IS DATE O | | 1 105 | | 7 85 | 10:31 |
| 4 m | 3 SE | female | 4 RACE Whi | to | | t. 1 1%, 190°1° | 6. AGE (IN YEARS LAST BIR | | O TOTAL | HOURS MIN |
| age | 1 | | | | 00 | 0.11,1901 | | YRS | | |
| # 105 % Y | | IRTHPLACE (STATE OR FOREIG COUNTRY) | N /B CITIZEN C | F WHAT COUNTRY? | MARRIE | NEVER MARRIED | 9 BALTIMORE CITY O | RCOUNTYC | OF DEATH | |
| de de de | | Virginia ITY OR TOWN OF DEATH | U.S | A . | MIDOWE | DIVORCED DIVORCED | Anne 12a USUAL OCCUPATI | Arunde | el co. | Λ |
| of the | 1 | III OK IOWIN OF DEATH | (IF NOT IN S | SUCH FACILITY, GIVE STREET | ADDRESS) | | (TYPE OF WORK FOR MOST O | | 126 KIND OF INDUSTRY | BUSINESS |
| \$ 2 3 - | JESTI | Annapolis | An | ne Arund | el G | eneral Hosp | housew | ife | house | hold |
| d bod d | 13a | | COUNTY | 130 CITY OR TOW | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | 2 | 101 |
| | 1 | Md. A | A. Co. | Lothia | n | YES NO X | 605 Bay | ard Ro | d. 20 | 1/// |
| (X) | 177 | FIRST | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | WIDDLE | | LAST | |
| IAX | | George | Hiram | Seed | | Susan | Meli | | Hod | ges |
| V 1 | | VAS DECEASED EVER IN U. | ES GIVE WAR OR DATES) | | JRITY NO. | 17 INFORMANT | ADDRE | | | |
| 1 6. 1 | | no | | 213-12- | 98391 | B Jack Barl | ksdale sam | ne as | 13e. | |
| 1 207 5/ | | 18 CAUSE OF DEATH (En | ter anly ane cause p | | id ic | | | | BETWEEN ON | ATE INTERVAL |
| g ph on p | - | | EDIATE CAUSE (a)_ | (en ecs) | 172 1 | INEART FAILU | R | | 178 | |
| th corporate | | MANUAL PROPERTY. | DUE TO, | OR AS A CONSEQUE | ENCE OF | | | | | |
| deo otte otten roun | | Conditions, if any, while gave rise to immedia | ch (16) | BLVD | | | | | | |
| the rem | | cause to, stating the underlying cause la | he DUE TO. | OR AS A CONSEQUE | ENCE OF | | | | | |
| lease ial, a | | | (c) | - | | | | | | |
| signe o bury. | z | PART 2 OTHER SIGNIFIC. | / | CONTRIBUTING TO I | DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE OR CON | DITION GIVEN | N IN PART TO | |
| | CERTIFICATION | 190 DATE OF OPERATION | Mesal | 12., he | OPERATION | WAS DEDECORIES | Ten autonova | Last to VEC | 11505 50 15 11 1 | |
| los pieras pos pos pos pos pos pos pos pos pos po | F. | 148 DATE OF OPERATION | 198. CON | DITION FOR WHICH | OPERATIO | A MAS PERFORMED | 200 AUTOPSY? | IN CERTIFY | WERE FINDING ING CAUSES O | F DEATH? |
| Shove the history | E | 2 to ACCIDENT WAS UNDERLYIN | IG TO THAT | OF INJURY | | 21. HOW IN HIRV OCCUPE | YES NO | YES | | NO 🗌 |
| Phys phys of Hy | | OR CONTRIBUTING CAUSE | | A.M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCURR | ED LENTER NATURE OF INJUR | IT IN ITEM 18 PAR | T I OR PART 2) | |
| Aenth | MEDICAL | (IF EITHER NOTIFY MEDICAL EX- | | P.M. | 19 | AN LOCATION | | | | |
| this this he b | MEC | | LAT HOME | E OF INJURY STREET, FACTORY, OFFICE F | ARM ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| Tho ost | | AT WORK AT WORK | | | | | 1. # | | | |
| Heo Rs | | 22a I certify that (1) (this sow the deceased ali | - 11 | | 85 | 19 16 | . 10 /1 Car | , 19 | | ot (I) (we) lo |
| ATT DSpit DSpit d for d for t of m 21 | | abave, (1) (we) (did) (c | hd not) view the bac | dy after death. | | d that in (my) (our) apinion d | eath accurred an the do | ite and haur a | | |
| The Dep | | 226 SIGNATURE | 1 | | | DEGREE ATTENDING | MEDICAL STAF | c | 22c DATE SI | GNED |
| RAL dete | | /(, | an | | | PHYSICIAN | MEDICAL STAF | IAN | 11/1. | 7 |
| FUNE Sould be the Spoort A | | 284 PHYSICIAN'S NAME | 1 2 | | | 22e ADDRESS | | | | |
| retained by th TO FUNERAL should be deta with the State IMPORTANT. F | | 1300ER | 5 01 | ern |) | | | | | |
| 5 5 - 2 2 2 | 23o E | SURIAL, CREMATION, REMO | OVAL 236 DATE | 23c h | NAME OF CE | METERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE |
| BP | | Burial | 11/ | 20/85 M | It Zio | | Lothia | | | d. |
| HMH - 16 60M 7/B4 | 24 FI | JNERAL DIRECTOR | | 10 District | 7 0 | 250 DATE | REC'D. BY REGISTRAR | | AR'S SIGNATUR | RE |
| (VRA 15, 4) | H | ardesty Fur | Home | 12 Ridge | 131分 | XF. N | DV 20 1000 | | · more recent | gondatte |



Dundalk, Maryland

21222

DHMH - 16 60M 7/E (VRA 15, 4)

7922 Wise Avenue

CHAPTE CHAPTER W. D.

DESCRIPTION OF THE PROPERTY.

CANT WHITEHOUSE 8 The state of the s

NORTH ARRIVE HOSPITAL

HILLS SIGNIFIANT N.D.

339011

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE Robert V. Beck CERTIFICATE OF DEATH REG. NO LOECE ASED NAME 2e. DATE OF DEATH 2h HOUR TYPE OR PRINT 3. SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) Male White TO BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Maryland U.S.A. Anne Arundel County DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Anne Arundel General Hospital Beth. Annapolis Steel Manager USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13h. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 183 11th St Chelsea Bch 21122 Maryland Pasadena 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Oberle Charles M. Beck Kathryn D. 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT Yes 214-30-6511 Marie E. Beck Korean Same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) 12a I certify that (1) (this haspital) attempted the deceased fram saw the deceased alive an abave (1) (we) (did) (did not) view the bady after death and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN 776. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL ISPECIEVE Burial

12/2/85

23c NAME OF CEMETERY OF CREMATORY Loudon Park Cemetery

23d LOCATION Baltimore

Md

24 FUNERAL DIRECTOR

George J. Gonce 4001 Ritchie Hgwy Balto Md

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE TO THE TOTAL TOT

DHMH - 16 60M 7/B4 (VRA 15. 4)

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Company, 282 E Uld a sale to Petrophic Luch senso . Common and the common and the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REG NO. | | |
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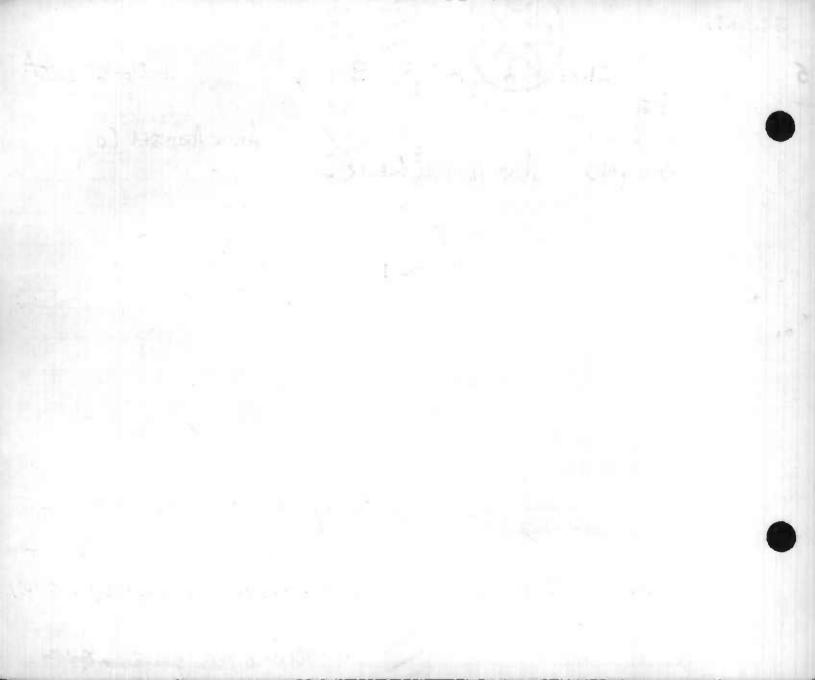
| 1 | REGISTRAR | | CERTIFICATE O | F DEATH | REG. NO | O. | |
|---|--|--|--|-------------------|-------------------------------|---|----------------------|
| ļ | 1. DECEASED NAME FIRST | MIDDLE | LAST | | 20. DATE OF DEATH | MONTH DAY YEAR | 26 HOUR |
| Į | Elizab | eth H. | Ber | TY | | 11-26-85 | 13:35/M |
| I | 3. SEX | 4 RACE | 5. DATE OF BIRTH | Y YEAR | AGE (IN YEARS LAST BIRT | THOAY) IF UNDER T YEAR MONTHS DAYS | |
| l | TE | White | | 6 10 | 75 | YRS. | |
| Ī | 70. BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNT | MARRIED NEVE | FR MARRIED 1 | BALTIMORE CITY O | R COUNTY OF DEATH | |
| ı | Massachusetts | U.S. | WIDOWED | DIVORCED . | HNNE ARI | INDEL (0 | MD. |
| Ì | CITY OF TOWN OF DEATH | | RSING HOME OR OTHER II | NSTITUTION 1 | 120 USUAL OCCUPATE | | OF BUSINESS OR |
| ł | HUNAPOLIS | HAINE ARIND | EL LIENERAL | | Homemak | | |
| Ì | LISUAL RESIDENCE HE NURSING HOME OF | | | E CITY LIMITS? | 13e STREET ADDRESS / | / 718 CODE | |
| ۱ | | Arundel Arnol | | NO [| P.O. Box # | | |
| Ì | 14 FATHER'S NAME | | 15 MOTH | ER'S MAIDEN NAM | | | |
| ۱ | Robert B. | Hilliard | d Gr | ace | F. | Powell | AST |
| t | 160 WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIALS | SECURITY NO. 17. INFOR | MANT | ADDRE | SS | |
| ı | (YES, NO OR UNKNOWN) (#FYES, GIV | 216-46 | -5217 Mr. | William F | Berry - Sam | ne as #13 | |
| ì | 18 CAUSE OF DEATH (Enter or | | | 111) | 0 | APPRO | EXIMATE INTERVAL |
| I | PART I. DEATH WAS CAUSE | D BY | n Cenous | Att601 | Luckory | | unge Hes |
| ı | IMMEDIA | TE CAUSE (o) | The court of the c | 4101 | | - 0 7 | 200 |
| ı | | DUE TO, OR AS A CONSE | EQUENCE OF | l . | | | |
| ı | Conditions, if any, which gove rise to immediate | (b) | | | | | |
| ı | couse (a), stating the | DUE TO, OR AS A CONSE | EQUENCE OF | | | | |
| ı | underlying cause lost. | (c) | | | | | |
| ı | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELA | TED TO THE TERMIN | AL DISEASE OR CON | DITION GIVEN IN PART 1 | 10 |
| 4 | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | | | | | |
| l | 190 DATE OF OPERATION | 196 CONDITION FOR WE | HICH OPERATION WAS PER | RFORMED | 20a AUTOPSY? | 20h. IF YES, WERE FIND IN CERTIFYING CAUSE | |
| 9 | HI L | | | | YES NO | YES 🗌 | NO 🗌 |
| 1 | 218. ACCIDENT WAS UNDERLYING | 716. TIME OF INJURY HOUR A.M. MONTH | DAY YEAR 216 HOW | / INJURY OCCURRE | D (ENTER NATURE OF INJUR | RY IN ITEM 18 PART 1 OR PART 2) | |
| ı | OR CONTRIBUTING CAUSE OF DEA | PID . | 19 | | | | |
| ı | (IF EITHER, NOTIFY MEDICAL EXAMINES 214 INJURY OCCURRED | 210 PLACE OF INJURY | 211 LOCA | ATION REET | CITY OR TO | WN COUNTY | STATE |
| I | WHILE NOT WHILE AT WORK | (AT HOME STREET FACTORY, OFF | FICE FARM EICT | • | (| | |
| I | 22a.1 certify that (I) (this hospi | tall attended the deceased from | om Janua | ne 1966 | _, to | 26 1985 | , that (I) (me) last |
| I | saw the deceased olive an | 11/25 | 1985_, and that in @ | my opinian de | eath occurred on the do | ote and hour and from th | e couses stated |
| I | 27b. SIGNA FORE | oi) view the body after death. | DEGREE | | | 77c. DAT | SIGNED/ |
| Į | 4/12 | LmV. | a his | ATTENDING . | MEDICAL STAF | FF 11/ | 26/80 |
| ł | 721 PHYSICIAN'S NAME (TYPE | OR PRINT) | 1 27e ADDI | | DIRECTOR PHYSIC | IANL | 100 |
| 1 | Dichard T | 11.1 | 14. 1 | m | Ana n | lon Y | n) 2/4/1/ |
| 1 | Inicharo T | Hochman | 1161 | MURCAY | HUE. A | nnapolis,1 | 110.01701 |
| ١ | 230. BURIAL, CREMATION, REMOVAL | | 23c NAME OF CEMETERY C | OR CREMATORY | 23d. LOCATION CITY OF TOWN | COUNTY | STATE |
| ۱ | Removal | 11/26/85 | | Tot pin | DECID BURE DECIDE | | |
| 1 | 24 FUNERAL DIRECTOR | | | 73a DATE | REC D. BY REGISTRAR | 256. REGISTRAR'S SIGNA | ATURE |

DHMH - 16 50M 4/83 (VRA 15, 4)

Anatomy Board

ADDRESS

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Balto., Md. DEC US 1985



(VRA 15, 4)

THE REAL PROPERTY.

A 1530 July 1006 Edde

Section 1

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| 37107 | / | FOR STATE REGISTRAR | | | MENT OF F | E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH | REG. NO. | 2994 |
|--|---------------|---|---|--|------------|--|--|--|
| poge 3 | | CEASED NAME OR PRINT) | DAISY | MIDDLE | | BOOTH | 2e DATE OF DEATH MONTH | 26 85 1 300 M |
| rector, pag | | MALE | 4. RACE BLAC | K | 5. DATE (| | 6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS | IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| funerol di | MA | RTHPLACE (STATE OR FO COUNTRY) RYLAND ITY OR TOWN OF DEAT | U.S | | WIDOW | D NEVER MARRIED DIVORCED DOROTHER INSTITUTION | 9. BALTIMORE CITY OR COUN ANNE ARUNDEL 120. USUAL OCCUPATION | |
| by the filed w | | NAPOLIS | 314 | Chester Av | renue | | (TYPE OF WORK FOR MOST OF WORKING | GLIFE) INDUSTRY |
| n 24 hou filled in hould be | 13g | aryland | 3b COUNTY | DIN GIVE RESIDENCE BEFORE 136 CITY OR TOW Annapoli | ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CO 314 Chester A | DE L'Venue |
| ompletely | 14. F/ | CHARLES | MIDDLE | BLUNT | | 15. MOTHER'S MAIDEN NAME ELIZABE | MIDDLE | HALL |
| n ond co | | VAS DECEASED EVER II | N U.S. ARMED FORCES (IF YES GIVE WAR OR DATES) | | | | napolis, AMd \$ 21 50 Chesapeake | |
| is that the death certs and by the uttending to the core in the co | 5 | Conditions, if ony, gove rise to imme couse (a), stoting underlying couse | which (b), ediote the lost (c) | OR AS A CONSEQUE | NCE OF | me of | che | 5 |
| equires n signe Then p r to bur injury, | NOIL | met | 87 189c | _ | ا حــر | my m | INAL DISEASE OR CONDITION (| GIVEN IN PART 110 |
| hos by the fow on. hos by the perm ows or | CERTIFICATION | 19a DATE OF OPERATI | | idition for which | OPERATIO | 24 | YES NO IN CER | YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \) |
| HYSICIAN: Inding phys six certifico buriol-tror I Mentol Hy or Item 18 | MEDICAL CE | 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTHY MEDICA 21d INJURY OCCURRE | USE OF DEATH HOUR (LEXAMINER) D 21e PLAC | OF INJURY A.M. MONTH D P.M. E OF INJURY | 19. | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN ITEM ! | 8 PART I OR PART 2) COUNTY STATE |
| ENDING Prof or other thruse os the Heolth one | 8 | WHILE AT WORK 220.1 certify that (1) (1) sow the deceased | this hospital) attended | STREET FACTORY, OFFICE F | 11 | 19_83 | 10 11 3d | . 19 8 . that (I) (are) last |
| by the hospir ERAL DIRECTO e detoched fo Stote Dept' of ANT: If them 2' | | 22b SIGNATURE | J P (| dy filter death | | TTENDING PHYSICIAN | MEDICAL STAFF | 22c. DATE SIGNED |
| TO HOSPITAL etoined by to TO FUNERAL should be del with the Stote | 200 | ERRO | - A- P | hilliam | 0 | 1835 For | on Dune | oxicand |
| BP | | iurial, cremation, r specify) RTAL | | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN Annapolis A | COUNTY STATE |

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR WILLIAM REESE & SONS MORTUARY, 1401.

750. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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329114

1 DECEASED NAME TYPE OR PRINTS

FATHER'S NAME

BIRTHPLACE (STATE OF FOREIGN

3. SEX

MEDICAL

WHILE

24 FUNERAL DIRECTOR

Adelaide

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b. COUNTY

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gave rise to immediate

NOT WHILE

PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (o)___

DUE TO, O

Th CITIZEN OF

NAME OF (IF NOT IN SU

| | STATE OF MARYLAND |
|--------------------|------------------------------------|
| FOR | DEPARTMENT OF HEALTH AND MENTAL HY |
| STATE REGISTRAR | CERTIFICATE OF DEATH |

| DEPARTN | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | IENE & S | 29941 |
|---------------------------|--|--------------------------------|---|
| WIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 25 HOUR |
| S. | Brand | - 11 | 16 85 4:15 PM |
| | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| rsion | MONTH DAY YEAR | 84 yrs | MONTHS DAYS HOURS MIN. |
| WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUN | TY OF DEATH |
| S.A | WIDOWED DIVORCED | Anne An | indel MD. |
| HOSPITAL, NURSIN | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| Amunde! | General Hospital | Homemaker | 177 |
| GIVE RESIDENCE BEFORE | YES NO X | 130 STREET ADDRESS / ZIP CO | () . 1 |
| Sande | IS MOTHER'S MAIDEN NAM | WIDDLE | LAST |
| SOCIAL SECUL | RITYNO 17 INFORMANT TRICKING (| Brand Annae | emaquid Court |
| er line far (a), (b), and | dic : | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| CAKDIAC | ARREST | | 14m EDIAIS |
| OR AS A CONSEQUE | NCE OF SPIRATION OR ACI | ute Impacetion | 1 mas DIGTE |
| DR AS A CONSEQUE | NCE OF | | |
| ONTRIBUTING TO D | <u>BATH</u> BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION G | IVEN IN PART 1:0 |

| cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE OF | |
|--|--|----------|
| PART 2 OTHER SIGNIFICANT CON | iditions <u>contributing to death</u> but not related to the terminal disease or condition given i | N PART 1 |

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) STREET

220.1 certify that (1) (this hospital) attended the deceased from NUV _, that (1) (we) lost saw the deceased alive an OFT 10 obove, (1) (we) (did) (did not) view the body after death. and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated

226 SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S WAME LIVE OF PRINT

22e ADDRESS TALKSON

23d. LOCATION

STAFF

THE BURGAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

CRITANT

THE SECTION AND THE SECTION OF THE S CAN OPP OF SUPERIOR SANDE LANGE OF STREET Cliff Citing Book I Stone Blown Charles Of DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

| | FOR | |
|---|-----------|---|
| 7 | STATE | |
| 1 | REGISTRAL | R |

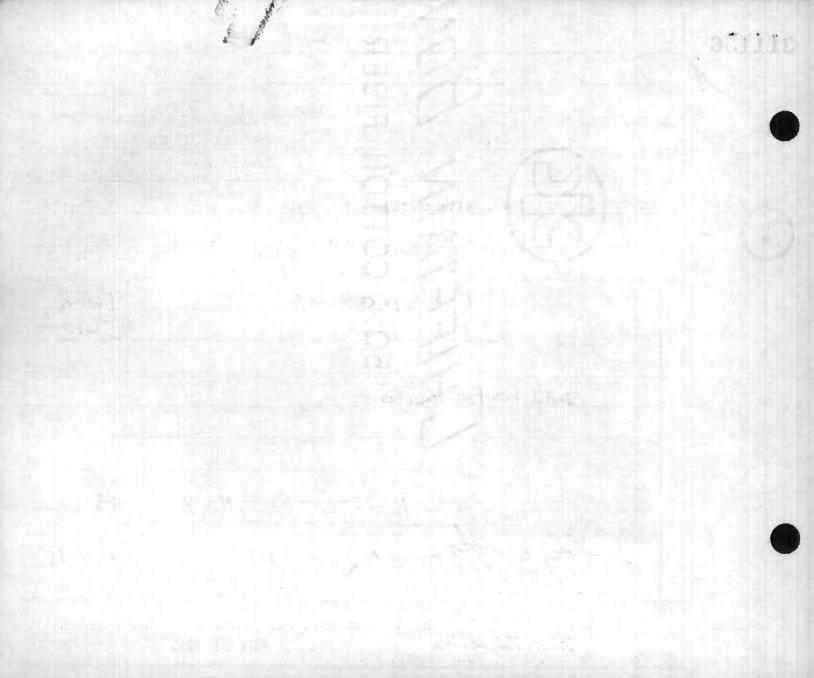
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF SEATH

| DEC | NO. | |
|-----|-----|--|

| | / | REGISTRAR | | | | CERTI | | | REG. NO | ٥. | | EST |
|---|---------------|--|--|--------------------|--------------------------|--------------|---|-----------|-------------------------------|---------------|----------------|--------------------|
| X | | CEASED NAME | FIRST | TRI | MIOOLE | l, | AST I | | 20 DATE OF DEATH | нтиом | OAY YEAR | 26 HOUR |
|) | , | ON THE | GARY | PA | UL | BRE | NT, SR. | 170 | NOVEMBER 4 | 4, 19 | 85 | 9:10 Aw |
| 9 | 3. SEX | X | | 4 RACE | | S. DATE C | | YEAR | 6. AGE (IN YEARS LAST BIR | HOAY) | MONTHS DAYS | IF UNDER 24 HRS |
| | | MALE | | WHITE | | | ARY 4, 194 | | 41 | YRS | | |
| | | RTHPLACE STATE OF | FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. MARRIE | D NEVER MARK | NED 🗆 | 9 BALTIMORE CITY O | R COUNT | Y OF DEATH | |
| / | ΜŽ | ARYLAND | | U.S. | | WIDOWE | D DIVOR | ED [| ANNE ARU | | COUNTY | MD |
| | 10 CI | ITY OR TOWN OF DE | ATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUT | ION | USUAL OCCUPATION OF THE WORLD | | 125 KIND C | OF BUSINESS OR |
| | | LEN BURNIE | | | TH ARUNDE | | PITAL | | Mail Room | | Washin | ngton Po |
| | 13a S | AL RESIDENCE (IF NUI | 13b COU | | 13c CITY OR TOW | | 13d. INSIDE CITY L | IMITS? | 13e STREET ADDRESS | ZIP COD | E | |
| | | RYLAND | ANNE | ARUNDEL | MILLERSY | VILLE | YES NO | | 8196 WEYBU | RN F | ROAD | 21108 |
| 1 | 14 F.A | ATHER'S NAME | | MIOOLE | LAST | | 15. MOTHER'S MA FIRST | IDEN NAM | AE MIDDLE | | LAS | 5T |
| 4 | | PAUL | | NRY | BRENT | | THELMA | | D. | | DOUGHE | RTY |
| | 17 | VAS DECEASED EVE | | VE WAR OR DATES | 16b SOCIAL SECU | RITY NO. | 17 INFORMANT | (Wif | e) ADDRE | SS SAM | E AS # | 13 |
| | | 10 | N/A | | 219-38-66 | 598 | MRS. JO | ANN B | BRENT | | | |
| | | 18 CAUSE OF DEA PART I. DEATH V | | | line (0) (0), (b), and | | an Ma - | | | | BETWEEN | ONSET AND DEATH |
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| 9 | | | | ((c) | | | | | | | | |
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| 2 | | ce contreutes [| CAUSE OF DE | Ath HOUR A | M. MONTH DA | | A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | et in the second | | | |
| | MEDICAL | 214 INJURY OCCUR | | 214 PLACE | | 16. | 211. LOCATION | _ | | | - | |
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| Н | | 27s.1 certify that if | ORE | to the standard at | - decimal from | 10- | 15 | 85 | 11-4 | | 25 | 4 5 10 4 14 |
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| Н | | and and an indirect | 102 | 16 | 11/2 | | ATTEN | IDING . | MEDICAL STAF | F _ | 1/ / | / OF |
| - | | 22d. PHYSICIAN'S N | LAME | 7 | 4 | | | | DIRECTOR PHYSIC | | 11- | 4-85 |
| | | | 0 | , M.D. | | | 7845 OAKWOOD ROAD, #104 | | | | | |
| - | | | | | | | | | BURNIE, MA | RYLAN | D 21061 | |
| | | BURIAL, CREMATION | | NOVEMB | ER 7. | | EMETERY OR CREM | | 23d LOCATION CITY OR TOWN | | COUNTY | STATE |
| | 24 51 | BURI | AL | 1985 | ME | ADOWR | IDGE MEM. | | ELKRIDGE | | | RYLAND |
| | | JNERAL DIRECTOR | K. | H. Aloy | RECEADORESS | | | 25a DATE | NOV 05 198 | S. REGIS | TRAR'S SIGNAT | URE, in since |
| | SI | NGLETON F | UNERAI | HOME, | GLEN BURN | IIE, M | ID. | | | 1) | | |

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injury, or other traumatic event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201

| | STATE OF MARYLAND | |
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| OR . | DEPARTMENT OF HEALTH AND MENTAL HY | G |
| ATE | CEPTIFICATE OF DEATH | |

IENE

| 1 | - STATE REGISTRAR | Br wand | | 1 | CERTIF | ICATE OF DEATH | | REG. NO. | | | |
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| | ECEASED NAME | FIRST | | AIDDLE | Ó | AST COLOR | 20. DATE OF D | EATH MONTH | H DAY | YEAR | 26 HOUR |
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| 3 SE | X | 4 RA | CE | | 5 DATE C | | 6 AGE (IN YEAR | (S LAST BIRTHDAY) | MONTHS | DAIS | HOURS MIN |
| | EMALE | | LACK | | 12 | 10000 22 | - | 52 | YRS. | | |
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| | ARYLAND | | U.S.A | | WIDOWE | | 1 111 0 | : Aru | ndel | Cto | 1 M |
| 10 | CIGE WHTEK | | | OSPITAL, NURSIN HEACILITY, GIVE STREET | | OR OTHER INSTITUTION | 12a USUAL OC | CUPATION OR MOST OF WORK | | KIND O | PBUSINESS OF |
| USL | AL RESIDENCE (IF NURS | ING HOME OR OTHER | INSTITUTION | | | | | | | | 1 . 1 |
| | ARYLAND | A.A. | | ANNAPOL | | 13d INSIDE CITY LIMITS? | 130 STREET AD | | | 21 | 401 |
| 14. E | ATHER'S NAME | MIDDLE | | LAST | 9 70 | 15 MOTHER'S MAIDEN N | AME | MIDDLE | | LAST | |
| | CHARLES | | | INSEY | | SADIE | | WIDDLE | н | AYES | |
| 160 | WAS DECEASED EVER | IN U.S. ARMED I | | 16b SOCIAL SECU | RITY NO. | 17 INFORMANT | nnapolis | | 21401 | | |
| | NO | | | | | GERALDINE LI | LYRAMENTO | 110 | | | |
| | 18 CAUSE OF DEAT | H Enter anly and | cause per | | | | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
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| | | | OUF TO OF | R AS A CONSEQUE | NCE OF | | | | | | |
| 100 | Conditions, if any, which (b) | | | | | | | | | | |
| | gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | | | TV | | |
| 100 | underlying couse | last. | (4) | A3 A CONSEGUE | 1405 01 | | | | | | |
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| ON | | | | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERA | TION | 96 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPS | | IF YES, WER | | |
| I E | | | | | | | YES T | VO[] | YES T | CAUSES | OF DEATH? |
| 1 8 | 210 ACCIDENT WAS UNI | DERLYING [] 2 | 16. TIME OF | FINJURY | | 12 Ic HOW INJURY OCCU | | | | R PART 2) | |
| | OR CONTRIBUTING | CAUSE OF DEATH | | M. MONTH DA | | | | | | | |
| MEDICAL | (IF EITHER NOTHY MEDI | | le PLACE C | | 19 | 211 LOCATION | | | | | |
| ME | WHILE IN NOT WE ALKNO | | | EET, KACTORY, ORNICE, F | ARM, ETC.) | STREET | | CITY OR TOWN | CC | YTMUC | STATE |
| | 27n.I certify that it | | mendedund | discount from | | 19 | to | | 19 | | that (I) (we) la |
| | saw the deceme | | / | / 10 | al | nd that in (my) (aur) apinio | | an the date an | | | |
| | TENSIONATIVE | 1/ | 5 | - | _ | DEGREE | 1 | | 2 | 2c DATE S | SIGNED |
| 1 4 | 1000 | 1 | XD | ecel - | 77/ | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF PHYSICIAN [| | | |
| 1 | 228 PHISICIAN'S N | AME ITYPHENING | // | | 1 | 77+ ADDRESS | | | | | |
| | / | / | / | | | Total Control of | | | | | |
| 73s. | BURIAL CHEMATION, | REMOVAL TH | DATE | 23c N | NAME OF C | EMETERY OR CREMATORY | | | | | |
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| 1 | VILLIAM REE | ESE & SO | NC MO | ADDRESS | n . | N | OV 191 | 085 | 2 | and T | Condobile |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

| | REG. N | 10. | | | |
|---|----------------------|---------|---------|-----------|-----------------|
| | 2a. DATE OF DEATH | MONTH | 2 | 85 | 6 B |
| 7 | A ACE UNIVERSELAST B | DINDANI | 16 / 10 | UDERIVEAR | IE LINIDER TANK |

| 316 | 060 | X- | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG. NO. | 2. 7 7 3 0 |
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| ge 4 may be | A A S | | EASEDNAME FIRST NORM | 1 AN Earma 1 RACE | BROOKS ST. S DATE OF BIRTH MONTH DAY DAY OF S DAY S | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR 2 85 6 4M IF UNDER 1 YEAR IF UNDER 73 HRS. MONTHS DATS HOURS MIN. |
| death. Pa | Jun 72 hou | 7a BI | RTHPLACE (STATE OR FOREIGN OUNTRY) CW JETSEY TY OR TOWN OF DEATH J | 76. CITIZEN OF WHAT COUNTRY LLS A 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE | MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED TO THER INSTITUTION TO ADDRESS) | 120. USUAL OCCUPATION INTER OF WORK FOR MOST OF WORK IN | TIZE KIND OF BUSINESS OR |
| | 35 | 13a S | AL RESIDENCE (IF NURSING HOME OR TATE) THER'S NAME PRST THES SE | H Engeux A Brook; | YES NO X 15. MOTHER'S MAIDEN N FIRST | MIDDLE | (Vard |
| certificate bi | ing physici rbon poper in remayal ic event, th | | 18 CAUSE OF DEATH IENTER OF PART I. DEATH WAS CAUSE | TE CAUSE (a) | 1218 Dorothy brovascular | Angela Brook Accident | Same as S-#13 APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH 4 days |
| res that the death | n please remave co ourial, crematian. c y, ar ather trauma | | Canditions, if any, which gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT C | DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO | | minal disease or condition | GIVEN IN PART 110 |
| i. The law requi | ansit permit. Their Hygiene priar to to 8 shaws any injur | CERTIFICATION | 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | H OPERATION WAS PERFORMED | 200 AUTOPSY? 206. IF IN CEI | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 1 |
| ING PHYSICIAN ir attending phy After this certific | as the buriol-frs | MEDICAL | OR CONTRIBUTING CAUSE OF DEA | P.M. 21a PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE | 19 FARM_ETC 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| TAL OR ATTEND y the hospital of | detached for use one Dept of Hea VI. If Hem 21 is m | | saw the deceased alive an | ital) attended/the deceased fram at/view the body after death. | DEGREE ATTENDING PHYSICIAN | n death occurred an the date and I | that (1) (we) last hour and from the causes stated 27c DATE SIGNED |
| HOSPII tained by | APORTAN | | 22d PHYSICIAN'S NAME ITYPE OF | COLE III | 51 FLAN | KUN ANNI | APOUS Md. |

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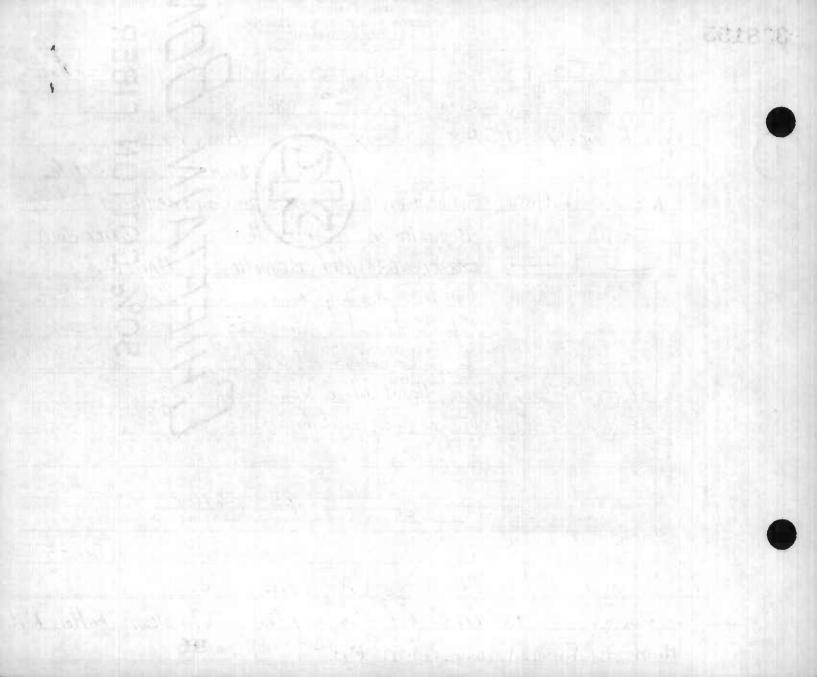
230 BURIAL, CREMATION, REMOVAL

230 NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR Por Funeral Chapel-Hinapolis, MD

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NOV 0 7 1985

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 311073 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF R FILES. HOURS STREET, DEATH MATED AGE (IN YEARS | IF UNDER I YR 2d HOUR 3. SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCED a DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE MARRIED TI NEVER MARRIED Washington DIVORCED 126 KIND OF BUSINESS 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFET Secretarv Loan Office 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? YES 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alice E. Robert E Dove Murdock 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-12-1230 No Robert Lothian. Md. Tull AMINER ALONG WI TRANSIT PERMIT ENTAL HYGIENE, DI OR REMOVAL. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MER: THIS CEN.

F. FORWARDED TO THE C.M.

F. FORWARDED TO THE C.M.

TR. PAGE 3 SHOULD BE USF

OUR PAGE 3 SHOULD BE USF YES [] 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY TATHOME 211 LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 22a I certify that I toak charge of the remains described above, held on and in my opinion Homicide death resulted from: Natural causes Undetermined monner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME William P. Jones, M.D. ADDRESS 695 America Crt., Davidsonville, Md. 21035 (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY PGCO. Md. Suitland Burial 11-4-85 Cedar Hill Cem. BP 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Hardesty Funeral Home Annapolis, MD (VR A15 ME (5)) 20M 4/82

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| 325057 | 1. | FOR - STATE REGISTRAR | DEPAR | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE S S | 2 9 9 5 5 EST |
|--|---------------|--|---|--|--|---|
| | | CEASED NAME FIRST | MIDDLE | LAST | | DAY YEAR 26 HOUR |
| deorh deorh | | JOHN | HENRY | BURGESS | NOVEMBER 13, 19 | 985 10:45 A |
| mo) | 3 SE | | 4 RACE | 5 DATE OF BIRTH | | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 8 | 1 | MALE | CAUCASIAN | 10-03-1900 YEAR | 85 YRS. | MONTHS DAYS HOURS MIN. |
| 5 33-6 7 | Ja B | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | ? 8 MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| 1 4 | 12 | MD | USA | WIDOWED A DIVORCED | ANNE ARUNDEL CO | OUNTY MD |
| 2 21 2/ | 10 C | ITY OR TOWN OF DEATH | I NAME OF HOSPITAL, NURS | ING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE | 126 KIND OF BUSINESS OR |
| 107 | | LEN BURNIE | NORTH ARUNDE | L HOSPITAL | Maintence For | n. Manufactur |
| 1 40 | 13U 13a | AL RESIDENCE (IF NURSING HOME OR STATE 13 COUN | OTHER INSTITUTION GIVE RESIDENCE BEFORM NTY 13c CITY OR TO | WN \$136 INSIDE CITY LIMITS? | 13ª STREET ADDRESS / ZIP CODE | 21229 |
| THE CITY | 4 | MD | Balto. | City YESX NO | 130 STREET ADDRESS / ZIP CODE 805 Unetta Ave | e. Balto. MD |
| 學是多 | di | William O. B | urgess | Anne Anne | MIDDLE | Unknown |
| 1 11410 | | WAS DECEASED EVER IN U.S. AR | | | 21108 DRESS Mi. | llersville MD |
| 100 | 1 | NO NO OR UNKNOWN) (IF YES GIV | 214-05 | -3004 John H. Bu | rgess Jr. 8339 | 9 Norwood Rd |
| ne law requires that the death certification bases signed by the attending physpermit. Then please remove carbonpaene prior to burial, cremation, or remain any injury, or other traumatic event | CERTIFICATION | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO | JENCE OF AC | CUD WINAL DISEASE OR CONDITION GIVE 1200 AUTOPSY? YES NON YES NON YES YES NON YES YES NON YES YES NON Y | , WERE FINDINGS USED YING CAUSES OF DEATH? |
| hysicio ficate b fransit Hygie | | 21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | 216. TIME OF INJURY HOUR A.M. MONTH (| DAY YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18 PA | ART I OR PART 2) |
| SICL Page page page page page page page page p | CAL | (IF EITHER NOTIFY MEDICAL EXAMINER | P.M. | 19 | | |
| attending ter this is the bund M hand M rked or | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | FARM, ETC.) | CITY OR TOWN | COUNTY STATE |
| A Af A S A S A S A S A S A S A S A S A S | T | | tal) attended the deceased from | 11-11-19 | 10 11-17 - 1 | 19 11 that (I) (we) last |
| TTEN Sp. to TTO for of H | 17 | sow the decrased alive an | th view the bady efter death. | S. and that in (my) (aur) apinian | death accurred on the date and have | and from the causes stated |
| TO HOSPITAL OR A TO FUNERAL DIRECT Should be detroched with the State Dept IMPORTANT: if hem | | 276 SIGNATURE 276 PHYSICIAN'S NAME TIPE O MUSTAFA C. | A Com | 27e ADDRESS 605 I | MEDICAL STAFF DIRECTOR PHYSICIAN D Baltimore-Annapol: | |
| 5 5 4 1 3 + | 23a I | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c | NAME OF CEMETERY OR CREMATORY | rna Park, Maryland | 2 21140 |
| BP | | Burial | | oudon Park Cem. | Baltimore Ci | tv. MD 21229 |
| DHMH - 16 60M 7/B4 | 24 F | UNERAL DIRECTOR | | | TE REC'D. BY REGISTRAR 256 REGISTR | |
| (VRA 15, 4) | Ma | acNabb Funera | 1 Home Catons | ville, MD NOV | / 1 9 1985 | Burney. |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 340002 20. DATE OF DEATH LAST YEAR 2h. HOUR I. DECEASED NAME (TYPE OR PRINT) 85 NOVEMBER VINCENT JOHN CAMMARATA 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE S DATE OF BIRTH 3. SEX MONTH YEAR MONTHS DAYS HOURS Male Caucasian 1907 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Anne arundel County Maryland USA DIVORCED WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY City Govm't PASADENA Custodian 8052 CATHERINE AVE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1136. COUNTY 1136. CITY OR TOWN 13e STREET ADDRESS 13c CITY OR TOWN 134 INSIDE CITYLLIMITS? Pasadena 8052 Catherine Avenue Anne Arundel YES X Maryland IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Salvatora Liberta Joseph Cammarata 166 SOCIAL SECURITY NO. 17 INFORMANT 8052 Catherine Avenue 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 218-01-9411 Pasadena, Maryland 21122 Iona Cammarata no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 1937 b), and PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate couse (o), stoting the

DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT COMPUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING TO CHUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER! P.M 21f. LOCATION 21d. INJURY OCCURRED 21. PLACE OF INJURY

12-2-85

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

MEDICAL DIRECTOR | PHYSICIAN

HELOR TOWN

NO X

IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

STATE

YES [

(1) (this hospital) attended the deceased from and that (my) (pur) opinion death occurred on the date and hour and from the causes stated above (1) (we) (did), did not high the body ofter death DEGREE 22c. DATE SIGNED

ATTENDING

PHYSICIAN

New Cathedral Cemetery Baltimore

27e ADDRESS 1300 Ritchie Highway

Severna Park, Md 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY

Burial 24 FUNERAL DIRECTOR

3204 Mountain Road McCully Funeral Home of Pasadena Pasadena. Md

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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| Scate be executed within 24 hours oth | Scorn and completely filled in by the perty Pages. I and Z should be filed a |
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| The law requires that the case. | er this certificate has been signed by the after glad plant the burief training germ? They please swive carboning and Mental Managarana since the burief. |
| G PHYSICIAN, The other days con. | er the certificate bo the burial transit pe |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

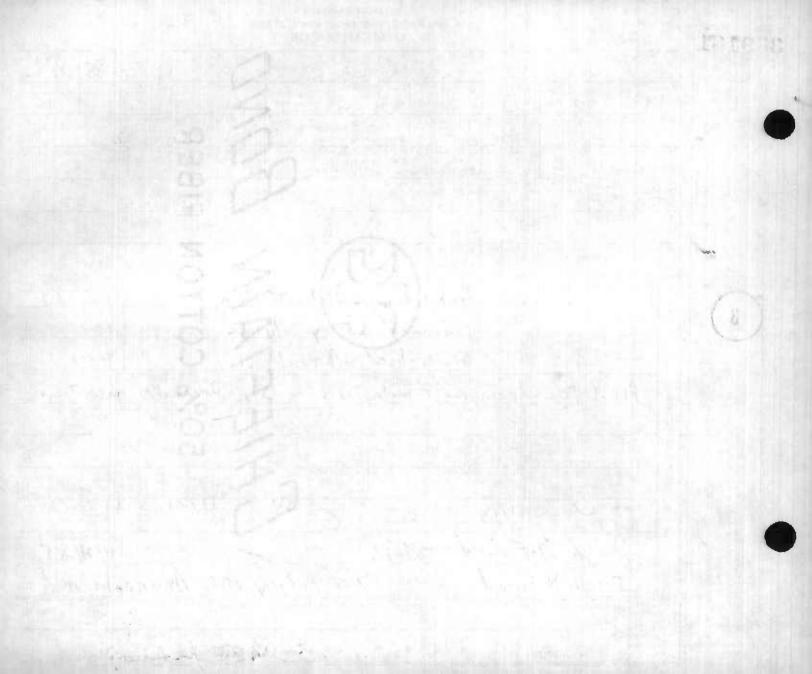
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| | 1 - | FOR STATE REGISTRAR | | DEPA | | EALTH AND MENTAL HYG | IENE REG. N | 0. | 4 y | 2 2 |
|----|---------------|--|--|---------------------------------|------------------|--|------------------------------|-------------------|------------------|---------------|
| | | CEASED NAME GUN | JNAR | MIDDLE C. | Ci | AST ARISON | | | 21-85 2 | 853 |
| 0 | 1 567 | 1 | 4 RACE | S- L | S. DATE C | | AGE (IN YEARS LAST BIR | YRS | ONTHS DAYS | FUNDER 24 HRS |
| 1 | | RTHPLACE (STATE OR FOREIGN COUNTRY) Michigan BY OR TOWN OF DEATH | U.S | | WIDOWE | D NEVER MARRIED DO DIVORCED DO | NE ARU | upel | 126, KIND OF | MD. |
| 2 | (4 | AL RESIDENCE (IF NURSING HOME | A LIF NOT IN SU | HEACTLITY, GIVE ST | REET ADDRESS) | rac Hosp | (TYPE OF WORK FOR MOST C | | | |
| 5 | 13a. S | TATE 136 CO | | 13r. CITY OR T Edgewa | OWN | 13d INSIDE CITY LIMITS? YES NO NO | 130 STREET ADDRESS | ZIP CODE | 210 | 37 |
| 16 | | Charles | WIDDIE | Carlson | | Anna Anna | WIDDLE | | Carson | |
| | (1) | VAS DECEASED EVER IN U.S. VES NO OR UNKNOWN) (IF YES. | ARMED FORCES? GIVE WAR OR DATES) | 166 SOCIALS | 2~1316 | Mrs. Dorothy | Carlson - | | | |
| | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED | anly ane cause pe ISED BY MATE CAUSE (a) | Probe | 11 | ocardial infa | retion | - Erri | - | Redid! |
| | | Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last | (b)_ | RASA CONSE | vary | arTery dis | rease | | Years | |
| | TION | PARTS OTHER SIGNIFICAN | Carciv | ium ? | 5 meta | 3 / | SIP Paces | unter | mser) | |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | | | ICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIFY YES | | |
| 7 | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | NERI P. | M. MONTH | DAY YEAR | 21a. HOW INJURY OCCURE | RED (ENTER NATURE OF INJU | Y IN ITEM 18 PA | ART I OR PART 2) | |
| | MED | 21d INJURY OCCURRED | | OF INJURY REET, FACTORY, OFF | ICE, FARM, ETC.) | 214 LOCATION STREET | CITY OR TO | wn | COUNTY | STATE |
| | | 220.1 certify that (1) this has saw the deceased alive above (1) we) (did) (did | on 1//2 | 1 | 9.80, an | d that in (my) aur) apinian o | death accurred an the de | ate and haur | | |
| 1 | | THE PHYSICIANIS NAME (IVE | 1. Fine | vs c | M.D. | ATTENDING | MEDICAL STAI | | 11/21/ | 85 |
| | | Joseph N | 1. Friend | | | 205 Adge | y Ave. 1. | mua | palis 1 | vel. |
| | | SPECIFY) Removal | | 2/85 | 36 NAME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | *COUNTY | STATE |
| | 24 FL | JNERAL DIRECTOR | 1/2 | 2,00 | | 25a DAT | E REC'D. BY REGISTRAR | 25b. REGISTR | AR'S SIGNATUR | RE |

Balto., Md.

Anatomy Board

DHMH - 16 60M 7/84 (VRA 15, 4)

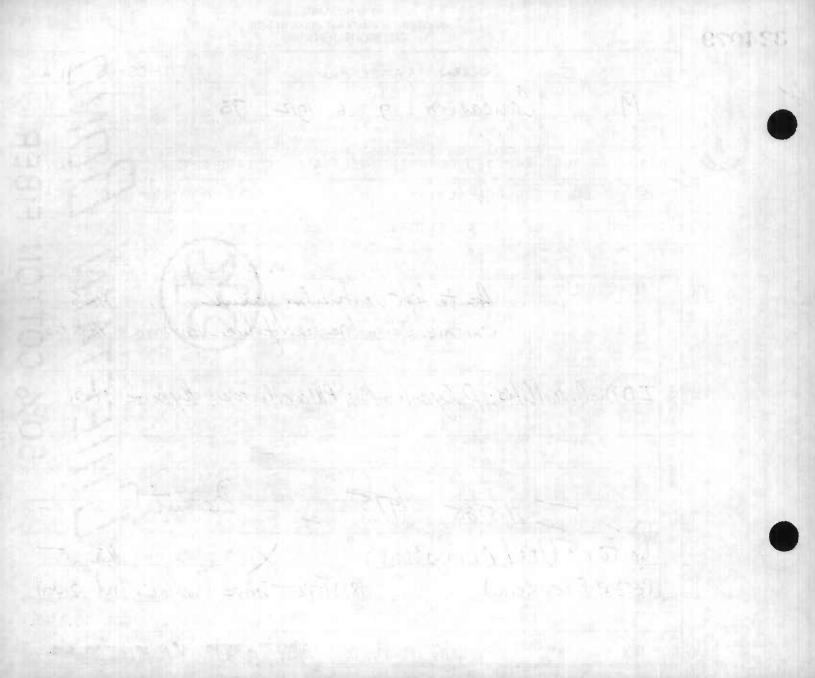


| | *** | | | | | | ARYLAND | R 5 | 0 0 | | |
|----------------------------|--|---------------|---|-----------------------------|-----------------------------------|-----------------|--------------------------------|------------------------------------|------------------------|----------------|-----------------------|
| | | 1- | FOR STATE | | | | AND MENTAL HY | DEATH | La 9 | 1 0 | Ö |
| 3380 | 28 | | REGISTRAR CEASED NAME | FIRST | MEDICAL EXAM | INEK 2 C | EKTIFICATE OF | KEO. | | DAY YEAR | 21 110110 |
| / | | | OR PRINT) | 11 | 7 | P. | Tr | 20 DATE KNOWN OF ESTI- DEATH MATED | | | 26 HOUR |
| / 33 | FILES. FOURS STREET, | 3 SEX | 14 RACE | I DATE OF BI | RTH 16 AGE (IF | LYEARS IF LIN | IDER 1 TR. LIF UNDER 24 | | | 19 DAY YEAR | 2d. HOUR |
| X | STE | | m n | MONTH MONTH | DAY YEAR LAST BIR | HDAY) MONTH | S DAYS HOURS A | PRONOUNCED DEAD | 11 2 | 61,85 | 12.70 |
| 1 / 3 | STONS | 7a. BI | RTHPLACE (STATE OR | 7b. CITIZEN O | 27 22 63 | | 1 | - 1 BALTIMORE CIT | | | M |
| A 89 | 10 10 | FO | ARYLAND | U.S | | WIDOW | ED NEVER MARRIED | | ĀA. | | 430 |
| Z 2 | - S- N- | | TY OR TOWN OF DEATH | | HOSPITAL, NURSING HO | | | a USUAL OCCUPATION | TYPE OF WORK 12b | KIND OF BUS | SINESS |
| 1 | | 1 | punisuil! | la lata | ICH FACILITY, GIVE STREET, ADDRES | is) | Harbon Rd | Building ! | Inspect | or A. | A.Co |
| (L 3: | | | | | ON, GIVE RESIDENCE BEFORE ADM | | INTOUT IN | | -01 | 11121 | 5 |
| A Z | 18875 | 13a S | md. | A.A. | LACITY OR TOWN | ille | YES NO . | Se. STREET ADDRESS | Horh. | 21 A6 | r. Rd |
| 9 # | ANGK | | THER'S NAME | MIDDLE | | | 15. MOTHER'S MAIDEN | NAME | | TAST | |
| EAT! | | 1 | William | Day | Carr | | Alice | Micote | Do | nalds | on |
| BALTIMORE IS AFTER DEA | SESTINATION OF THE PARTY OF THE | Ióa. V | AS DECEASED EVER IN | U.S. ARMED FORCES? | 16b. SOCIAL SECU | RITY NO. | 17 INFORMANT | 663 O1 | d Horo | ld Ha | nhon |
| ALTI- | | | yes | 42-45 | 216-16-4 | 1582 | Alice E.C | Carr Crown | sville | .Md. | POOP |
| | | | 18 CAUSE OF DEATH | (Enter only one cause pe | r line for (a), (b), and (c).) | | | | | APPROXIMATE I | INTERVAL AND DEATH |
| PRESTON ST., | PERMIT. PERMIT. SIENE, D | | PART I DE ATH WAS | MMEDIATE CAUSE (0)_ | Shotgu | N | wound. | HeAd-Self | Tustia- | tod. | |
| ESTC IN 2 | | | 0.00 | | O, OR AS A CONSECUENC | CE OF | | | | | |
| # E | AINER A AINER A TRANSIT VIAL HY OR REMO | | Conditions, if any gave rise to in | nmediate / (b)_ | | | | | | | |
| ED W. | 2 5 1 20 0 | | cause (a) stating the lying cause lost. | he under- DUE TO |), OR AS A CONSEQUENC | CE OF | | | | | |
| | E. WRITING THE WORD "PRINDING" IN PENY RWARDED TO THE CHIEF MEDICAL EXAMINA FAGE 3 SHOULD BE USED AS A BURIAL - TR. STATE DEPARTMENT OF HEALTH AND MENT 7, 21201 PRIOR TO BURIAL, CREMATION, OR | | | (c)_ | | | | | | | |
| DIVISION OF VITAL RECORDS, | MEDING MEDICA AS A BU EALTH AI CREMA | z | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO E | DEATH BUT NOT RELATED TO THE T | ERMINAL OISEASI | E OR CONDITION GIVEN IN PART I | (8) | | | |
| ECC D BB | SEAS AND THE SEAS | CERTIFICATION | 19a. DATE OF OPERATI | e Depr | PSSION POR WHICHOI | PERATIONIA | O C V D I | | | 20. AUTOPSY? | |
| VITAL RE | SAL SEP | Ş. | THE DATE OF OPERATION | 178 CC | NOTION FOR WHICHSON | EKATION W | AS PERFORMED! | | 1 | | 40 |
| N HS | | E | 21a EXTERNAL CAUSE | WAS 121h TIM | AE OF INJURY | 121c H | OW IN JURY OCCUPPED | ENTER NATURE OF INJURY IN ITEM | 18 8 APT 1 (OR PART 2) | YES 🗌 | NO |
| 9 5 | ## B # C | C | UNDERLYING OF | HOUR | A.M. MONTH DAY Y | EAR | JW HYJORT OCCORRED | TEMER INVIORE OF HATOR HATTER | IBPARLIORPARIZI | | |
| VISION | SHO TO | MEDICAL | CONTRIBUTING CA | D 21e PL/ | P.M. 19 ACE OF INJURY (AT HOME | 21f. LO | CATION | | | | |
| NO S | RDEC SE 3 F DE SOI P | ME | WHILE NOT W | HILE STREE | T, FACTORY, FARM, ETC.) | | TREET | CITY OR TOWN | COUNTY | 1 | STATE |
| 主 | PAG STAT | | | | | | | | | | |
| 200 | FORW TOR: PV THE ST. AND, 2 | | | | is described above, held a | - | | | and in my apinia | in | |
| | E WEEK | | death resulted from: | Notural causes | , Accident . | Suicide | | Undetermined monner | ١. | | |
| 3 | A V B C C | | ACTUAL | 11. 6 | | | TITLE (SPECIFY) | | DATE | /. | 1 |
| 3 | SE ENTER | | SIGNATURE AL | mer. | Jung | M | Deputy | _MEDICAL EXAMINER | SIGNED | 11/day | 183 |
| NED . | SA SA SA | | EXAMINER'S NAME | iliam P. Jones | M.D. | | ADDRESS 695 Ameri | ca Crt., Davids | onville. N | 41. 2103° | 5 |
| 0 | EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 | 23a B | JRIAL CREMATION REA | | 23r NAME OF | | | 23d LOCATION | | | |
| B | | 13 | Burial | 74 | | | eterans Ce | CITY OR TOWN | YIMUOD A | . A . Mc | |
| | | 24 F | JNERAL DIRECTOR | | DRESS12 Ridge | | 250 DATE DEC | D. BY REGISTRAR 256 RE | GISTRAR'S SIGN | | |
| | OHMH - 17 (A15 ME (5)) | н | NAME ardesty Fi | | ne Ann. M | | | 2 1985 | | | 1 |
| | 20M 4/82 | | THE PLANT | MILET OF HOL | HE AIII. | 4 | VI. | | | | |

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| 329098 | 11/ | FOR STATE | | | DEPART | MENT OF | HEALTH | AND MENTAL | HYGIENE | 5 | 2 | 9 9 | 5 | 1 |
| OMANIOO | 1 | REGISTRAR | | MI | EDICAL | EXAMIN | ER'S | ERTIFICATE | OF DEATH | REG. | NO. | | 0 | 120 |
| 1 | | CEASED NAME | FIRST | | MIDDLE | | | LAST | 20 | DATE KNOWN | | DAY | | b HOUR |
| Waining | {TYI | PE OR PRINT) | ERN | MI | DE | RRITT | (4 | RTER | | OF ESTI- | ~ // | 10 | | 沙地 |
| PLEASE CTOR. FILES. TREES. | 3. SE | X | A RACE | 5. DATE OF BIRTH | | 6. AGE (IN YE | ARS IF UN | DER 1 YR. TIE UNDI | ER 24 HRS 2c | DATE | нтиом | 047 | | d HOUR |
| REG P. P. E. B. S. T. S. | | | 70.7 1 677.5 | MONTH DAY | YEAR | LAST BIRTHD | | | | NOUNCED | | 19. | | שלבו |
| ON ONE | | MALE | BLACK | 8 23 | | 54 Y | RS. | | | DEAD | _// | | | M |
| NECESSARY UNERAL DIR S. FOR YOU WITHIN 72 FRESTON | /0 B | RTHPLACE (ST | ATE OR | 76 CITIZEN OF V | VHAT COU | NTRY? | MARR | ED XXNEVER MAR | RIED | ALTIMORE CIT | Y OR COUN | ITY OF DEA | TH | |
| S NEGSSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS RESTON STREET | | ASH. D. | | U.S.A | | | WIDOW | | | ANNE ARI | UNDEL | COUNT | Y | MD |
| AY IS 5 THE PAGE: FILED | | ITY OR TOWN | OF DEATH | II. NAME OF HO | SPITAL, NE | JRSING HOME | , OR OTH | ER INSTITUTION | | OCCUPATION (| TYPE OF WORK | 126 KIND | OF BUSIN | NESS |
| A SOA | ANI | NAPOLIS | | ANNE AR | UNDEL | GENERA | T HO | SPITAL | 100000 | OF WORKING (IFE) | | | DOGIKI | |
| OF ZOO | USU | AL RESIDENCE | | OR OTHER INSTITUTION | | | (NC | has a second | l., | | - | 21/ | 21 | |
| S. 21201 S. AND 3 S. RETAILS SHOULD S. SHOULD | | RYLAND | A.A. | | | Y OR TOWN | | T3d. INSIDE CITY LIMITS? | | Spa Ro | 20 | 140 | 1/ | |
| Q TON | _ | ATHER'S NAME | | | 8241 | WAT OFFE | | 15. MOTHER'S MAI | | Spa no | 40 | | | |
| | | FIRST | WEL. | MIDDLE | TO! | LAST | | FIRST | | MIDDLE | | LAST | | |
| TIMORE, M FTER DEATH FPER PEATH FORM PM SES (AND SION OF WITH | 160. | | EVER IN U.S. AR | MED FORCES? | | ERRITT CIAL SECURIT | (NO | ROZE | | • sARDPI | ESA LAC | PINK | NEX | 110 |
| FTER FOR FOR FOR FOR FOR FOR FOR FOR FOR FO | -{/ | NO OR UNKNO | WN) (IF YES, GIVE | WAR OR DATES) | 100.50 | CIAL DECONII | | | annapol | is, Madri | 21403 | | | |
| JES AFTER B. GIVE PA WITH FOR T. PAGES DIVISION | | | | | | | | RONDELL | MTTTTTW | S 211 Ga | arden | | | |
| MAT W | 10 | 18 CAUSE O | F DEATH (Enter ar ATH WAS CAUSE | nly ane cause per lir | ne far (a), (b | o), and (c).) | | | | | | BETWEEN | XIMATE IN | TERVAL ND DEATH |
| STON ST. V 24 HOU N ITEM 18 ALONG V TIT PERMIT YGENE | | 1 | | TE CAUSE (a) | 141 | / | - | - au | C | | | 1 | | |
| A A A A A A A A A A A A A A A A A A A | | | | | R AS A CO | NSEQUENCE (| OF | | | | | 1 | | |
| W. PREST WITHIN SINCE AN AINER AN TRANSIT VITAL HY | 100 | | s, if any, which e ta immediate | | | | | | | | | | | |
| 201 W. PRESTON: UTED WITHIN 24 H IN PENCIL IN ITEM EXAMINER ALON ISLA - TRANSIT PERP OMENTAL HYGERD ON, OR REMOVAL | 00 | cause (a) lying cau | stating the under- | DUE TO, O | RASACO | NSEQUENCE (| OF . | | E. 240 I | | / | 100 | | |
| XECUTED AG" IN PE AL EXAN BURIAL AND MEI ATION, O | | lying cau | se idst. | (c) | | | | | | | | 11/4 | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEA RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAS 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 4 AND SE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WOILD PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | PART 2 OTHER SIG | INIFICANT CONDITIONS | CONTRIBUTING TO DEAT | H RUT NOT REL | ATEO TO THE TERM | INAL DISEAS | OR CONDITION GIVEN IN | PART I to | | | | | |
| RECORDS ENDING MEDICAL AS AS A BL CREMAIN CREMAIN THE AND A BL CREMAIN THE AND A BL THE AND | NO | | | | | | | | | | | | | |
| AL RE AL RE A FHEA ALL A | CERTIFICATION | 19a. DATE OF | OPERATION | 196. COND | ITION FOR | WHICH OPER | ATION W | AS PERFORMED? | | | | 20 AUT | OPSY? | |
| HON OF VITAL RITIFICATE SHOULD GETHE WORD "PE HOULD BE USED. ARTIVENT OF HE RORT OF HE R | E E | | | | | | | | | | | YES | | NO M |
| OF VI | 1 | | L CAUSE WAS | 216. TIME C | | | 21c. HC | OW INJURY OCCUR | RED LENTER NATU | RE OF INJURY IN ITEM | 18 PART I OR P | | | 13 |
| RIFICATE NG THE WOOD TO THE SHOULD PPARTMEN | | UNDERLYING | OR G CAUSE OF | DEATH P. | M. MONTH | DAY YEAR | | | | | | | | |
| CERTING TING TING TING TING TING TING TING | MEDICAL | 21d INJURY C | | 21e PLACE | OF INJURY | Y (ATHOME, | | CATION | | | | | | - |
| DIVIS IS CER' RITIN RDED GE 3 SI ZOI PR | ¥ | WHILE | NOT WHILE | STREET, FA | CTORY, FARM, | ETC.1 | S | TREET | cn | YORTOWN | cc | OUNTY | | STATE |
| HANA A A SIZ | | AI WORK | ATWORK | | | | | | E | | | | | |
| L EXAMINER: E CERTIFICATE OULD BE FOR I, WITH THE MARYLAND. | | 22a I certif | y that I taak charg | ge of the remains d | escribed ab | ave, held an | Autap | sy L. Inspect | ian 🔼 I | nquiry | and in my a | ipinian | | |
| WE REAL PROPERTY. | 1 | death resulte | d fram: Natu | ral causes 🔼 , | Accident | L, Su | cide 🔲 | , Hamicide | Undeterm | ned manner | | | | |
| EXA CERTION MARY WARY | 1 | ACTUAL C | 7 | 1/ | | | | TITLE SPECIFY) | | | | | | 0 |
| 독등 등 등 등 1 · | 4 | SIGNATURE_ | Tun. | 2 Wh | - L | - | M | D. LAD | MEDICA | EXAMINER | DATE | Ed/1- 2 | 1-X | 3 |
| AEDICAL E UNE THE C E 4 SHOUL UNERAL E R DEATH, IMORE, M | | EXAMINER'S | JAME IN | I | 1. 111 | 55110 | - 4 | 11.1 | 1 | 24 | 1 | 1 | | |
| TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 8: BALTIMORE, MARYLAND, | | (TYPE OR PRIN | | 4 > 4 | WH | EFT | . 1 | ADDRESS /// 6 | rumb | a/(veg | Kul | rown | >bel | le |
| 202749 | 23a.8 | SPECIFY) | ION, REMOVAL | 236 DATE | 23c. | NAME OF CEA | AETERY O | RCREMATORY | 23d. LOCA CITY OR TO | ION | COU | UNIY | STATE | |
| 07/84 BP | | BURIAL | | 11-23-19 | 85 1 | PINELAW | N ME | MARK | Anna | polis | A.A. | Mam | | 4 |
| 25M DHMH - 17 | 24 F | UNERAL DIREC | | polis, Mo | . 214 | 01 | | 25e. DAT | REC'D. BY REC | SISTRAR 256 RE | EGISTRAR'S | SIGNATURE | | |
| (VR A15 ME (5)) | MI | LLIAM F | EESE & | SONS MORT | TUARY, | P.A. | | IN | UV 21 | 1905 Jy 15 | اس ساهداه | son-po | ndesse | _ |

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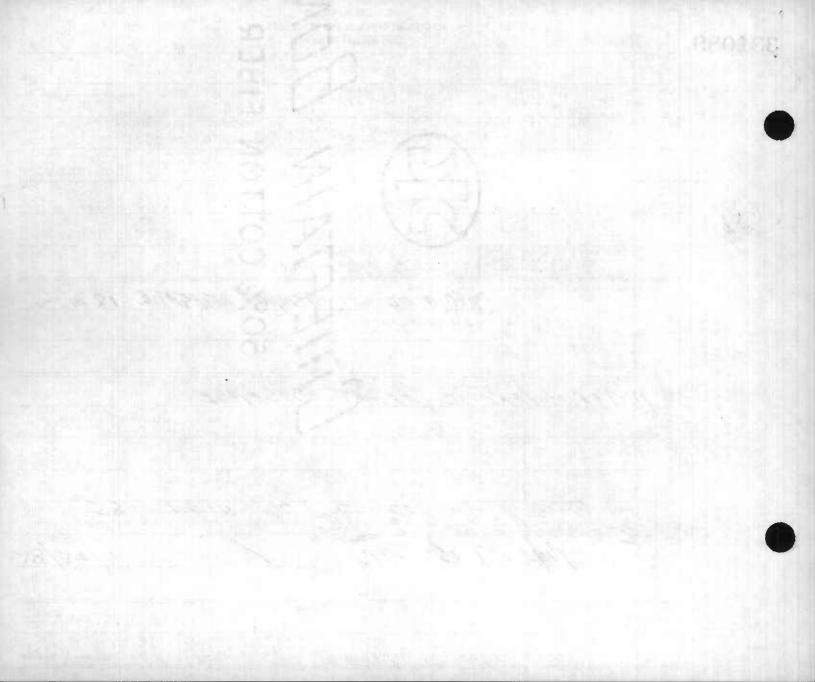
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 20. DATE OF DEATH MONTH 2b HOUR DECEASED NAME Nov. 24, 1985 (TYPE OF PRINT) Sally F. Chafin 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH White Female 1915 70 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Georgia USA Anne Arundel WIDOWEDXX 10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (IVPE OF WORK FOR MOST OF WORKING LIFE) Annapolis Nursing Conv. Center Housewife INDUSTRY Household Annapolis USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Place 2140 P.O. BOX 4493 113d INSIDE CITY LIMITS? Swellington Annapolis Md. A.A. Co. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Narcia Copeland John Mitchell ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? # 13e 255-09-3785 Gary Mason NO PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUFTO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE FARM ETC) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from the deceased alive an , and that is (my) (our) apinion death occurred on the date and hour and from the causes stated DEOREE 220 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Md STATE Burial Annapolis 11-27-85 Hillcrest BP. 24 FUNERAL DIRECTOR 250 DATE REC'A BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

T.A. Hardesty Annapolis, Maryland

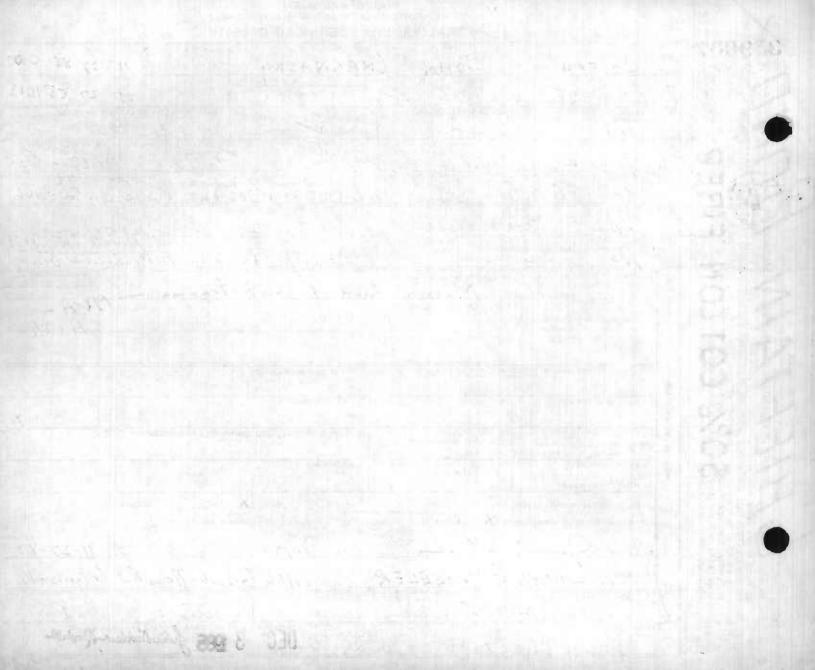
(VRA 15, 4)

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STATE OF MARYLAND



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| X | | 1 " | STATE REGISTRAR | MEDICAL EX | AMINER'S CERTIFICAT | E OF DEATH REG. NO | . 0 0 |
| 19 | מחחחי | 1750 | CEASED NAME FIRST | MIDDLE | LAST | KEG. 14 | |
| 01 | 20001 | | I OF FRINT | Moore | - | 20 DATE KNOWN OF ESTI- | MONTH DAY YEAR 26 HOUR |
| | 発展は発圧 | | JOSEPH | JOHN | (HAKNAS) | 00.000 | 11 27 85 0900 |
| | ASSESSE | 7. SE | I I RACE | | | NDER 24 HRS. 2c. DATE | MONTH DAY YEAR 24 HOUR |
| | 正 医 王 22 | 17 | A PAT | 1 | AST BIRTHDAY) MONTHS DAYS HOL | RS MIN PRONOUNCED | 145 15.13 |
| | \$200 P | 24 | ale orhite | 4-14-1900 | PS YRS. | DEAD | 11 52 1015 |
| - | 037 FM// | 70 B | IRTHPLACE (STATE OR | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER | 9. BALTIMORE CITY | OR COUNTY OF DEATH |
| | SACE | 1 | 12- 0 | YI CA | | _ 1 / 1 / 2 | Go. MD |
| | 2200 | 10.0 | JAN 1 | 4-2.71. | | VORCED 4.4 | |
| | 元五名田 | 10 0 | ITY OR TOWN OF DEATH | IF NOT IN SUCH FACILITY, GIVE STREET | G HOME, OR OTHER INSTITUTION | FOR MOST OF WORKING LIFE) | PE OF WORK 126 KIND OF BUSINESS OR INDUSTRY |
| | 300 | 126 | Durnie | Vitalia e. House | 60. Co. | la lad | Alstina too. |
| 1 | -B-25-5 | USU | ALRESIDENCE (IF IN NURSING HOME | OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR | | /acci | C and D |
| /8 | 306 | 13a S | TATE / 136 COUN | VITY O 130 CITY OR I | TOWN 136. INSIDE CITY LIA | HTS? IN STREET ADDRESS | Leverna Gain |
| - 7 | が海事を記し | | Med. 4.6 | 1-too. Janeon | L Vant YES NO | 0 1306 Mouth Dine | ve. 94.60. 21146 |
| 19 | 理が外後でんっ | 14.7 | ATHER'S NAME | 0 . | 15 MOTHER'S / | MAIDEN NAME | |
| 1 | 125// | | 1 P | AAST | FIRST | WIDDLE | 1 |
| 80 | 88588 | - | pur | O haines | Unlon | elle | by galynas |
| 2 | Macows 1 | 160 | MAS DECEASED EVER IN U.S. AR | RMED FORCES? | SECURITY NO. INFORMAN | ADDRES | Sharek, Apl 2/131 |
| 1 | FA-68 | | No | | Since It | todasvada 117 | Vindance Rhour. |
| 2 | SOESS | ⊨ | Tu court of province | | | O TELEVEL OF 11. | The share of the g |
| 1 | Sayes | 0 | PART I DEATH WAS CAUSE | nly one couse per line for (a), (b), and | 1 (c).) | , , 1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Z | THE WAR | V | | TE CAUSE (a) | e head + c | hust Frauma | _ 4 |
| 0 | SEGERS | 1 | 0/99 | (DUE TO, OR AS A CONSEQ | UENCE OF | | 1904 |
| 53 | 是三年 第二年 第二年 第二年 第二年 | | Conditions, if ony, which | | | | 7 - 27 - |
| - 2 | EDESES | | gave rise to immediate | e) (b) | | | Aut |
| * | 268520 | | couse (o) stating the under | DUE TO, OR AS A CONSEQ | UENCE OF | | |
| 9 | ENSE X | | lying couse last. | (-) | | | |
| 10 | D17222 | | BART 2 OTHER CICNICICANY CONDITIONS | CONTRIBUTING TO DEATH BUT NOT RELATED TO | THE VERNING DESCRIPTION OF THE | | |
| 8 | BE EXE FOR SA BE REMA | | TAKE Z OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO GEATH BUT NOT RELATED TO | THE TERMINAL DISEASE OR CONDITION GIAE | N IN PART 1 (g) | |
| 8 | 常る自己も常 | CATION | Salara Salatanana | | | | |
| 200 | 98204 | 1 4 | 19a. DATE OF OPERATION | 196. CONDITION FOR WHIC | H OPERATION WAS PERFORMED | ? | 20 AUTOPSY? |
| 3 | のの世代を | 1 2 | | | | | - M |
| 5 | 400 400 | 4 5 | | | | | YES NO |
| ö | 品でまる品の | CERT | 216 EXTERNAL CAUSE WAS | HOUR A.M. MONTH DAY | YEAR 216 HOW INJURY OCC | URRED CENTER NATURE OF INJURY IN ITEM 18 | PART 1 OR PART 2) |
| Z | THE COUNTY OF TH | 1 3 | UNDERLYING OR CONTRIBUTING CAUSE OF | | 19 | | |
| 0.50 | E3-385 | MEDICAL | 216 INJURY OCCURRED | 21e PLACE OF INJURY (AT | | | |
| 2 | BEN ST | 및 | | STREET, FACTORY, FARM, ETC.) | STREET | CITY OR TOWN | COUNTY STATE |
| 0 | SEEDER | 1 | WHILE NOT WHILE [| | | | |
| | 515 W. T. | | | | | | |
| | 最近の発出さ | | 22a I certify that I took char | ge of the remains described above, h | eld an Autopsy 🔲 , Ins | pection . Inquiry . ar | nd in my opinion |
| - 200 | ###DI5 | | death resulted from: Natu | prol couses X, Accident | , Suicide , Homicide | Undetermined manner , | |
| | 389888 | | | | TITLE SPECI | EV) | |
| | 205078 | | ACTUAL | - 5 6/1 | | | DATE //- 19- 41 |
| | ZHYZHH. | 1 | SIGNATURE | 7,200 | M.D. 10 V/ | MEDICAL EXAMINER | SIGNED 11-21-03 |
| | BE + 205 | 1 | EXAMINER'S NAME | 70 F 10/1/20 | 20 | 11 / 17 | 0.1. 11 |
| | ¥ Barra | r | TYPE OR PRINT) | IES C. WHEEL | ADDRESS ADDRESS | 6 bumbollows | Kd brownsville |
| | DAY DAY - | 23a B | URIAL, CREMATION, REMOVAL | 236 DATE 123c NAMI | E OF CEMETERY OR CREMATORY | 23d LOCATION | |
| | | 1 | (Medit) | 11 30 81 11 | 2 () 4 | CUY OR TOWN | COUNTY |
| 07/84 25M | BP | 16 | may 1 | 11- 30-00 Sta | - Caretee // - | Callemone | , Ind. |
| 45M | DHMH - 17 | 24 F | UNERAL DIRECTOR | ADDRESS Q | of Molling - 1341 | DATE REC'D BY REGISTRAR DO REG | ISTRAR'S SIGNATURE |
| | (VR A15 ME (5)) | | 1000 1/10 | Tron Jose has | 01,21223 | 6 3 RAS guhar | Jan Con-Manage |
| | | h | | | Succession 1 | | |
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STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

24 FUNERAL DIRECTOR

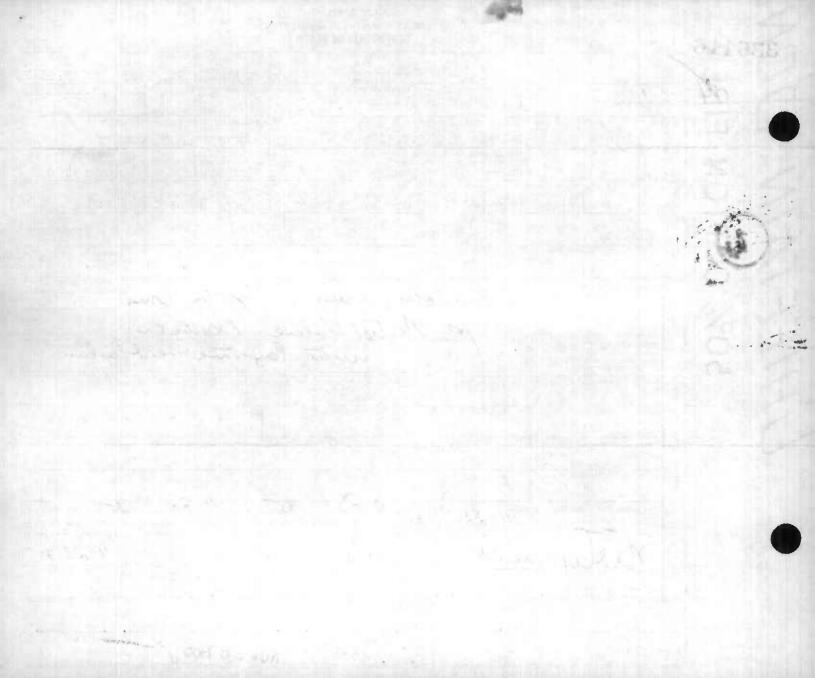
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Balto., Md.

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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | £ | a de la |
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| | TO HOSPITAL OF ATTENDING PHYSICIAN. The low requires that the death certificate be expressed in 24-hours after death." | TO FUNERAL DIRECTOR: After this conclusion has been signed by the ottending physician and provided in by the towners of shools be detached for one after bound training person. Then prove corbon popers in the provided and the fine and the provided and the provid |
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| 336116 | 1. | FOR - STATE REGISTRAR | | DEPARTA | MENT OF HEAL | MARYLAND TH AND MENTAL HYO TE OF DEATH | GIENE 1 8 S | 2 9 7 | 6 2 EST |
|--|---------------|---|----------------------|---|-----------------|---|---|--|-----------------------------|
| OUTLE | | CEASED NAME FIRST | | MIDDLE | LAST | | 20 DATE OF DEATH MONTH | OAY YEAR 26. | HOUR |
| 1 1 | | LILLIA | N | Elizabe | CHELT | ON | NOVEMBER 22, | 1985 | 3:25 M |
| 100 | 1.58 | X | 4 RACE | | 5. DATE OF B | RTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF L | UNDER 24 HRS |
| 8 55 | I | 'emale | White | е | June : | 11,1907 | 78 yr | | DRS MIN. |
| 1636 | | RTHPLACE (STATE OF FOREIGN COUNTRY) [aryland | 76 CITIZEN OF | what country? A | MARRIED WIDOWED | NEVER MARRIED | ANNE ARUNDE | | MD. |
| 1 11 3/ | 10. C | ITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | THER INSTITUTION | 12a USUAL OCCUPATION | 126 KIND OF BU | ISINESS OR |
| 1 11 04 | 1 | GLEN BURNIE | NOR | TH ARUNDE | | TAL | Housewife | Domes. | tic |
| A Company of the Comp | Ma | AL RESIDENCE (IF NURSING HOME OF STATE IS A COLUMN AND A | OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE 136 CITY OR TOW 1 elGlen Hasse | burni e | INSIDE CITY LIMITS? ES NOX MOTHER'S MAIDEN NA MAMÍE | 130 STREET ADDRESS / ZIP C 7900 Beneso ME | ch Circle | 2106 encer |
| 94 | 1 3 | VAS DECEASED EVER IN U.S. A IES NO OR UNKNOWN) (IF YES O | RMED FORCES? | 2122614 | | INFORMANT lbert Ped: | roni 43 E.Ba | rney St. | 2123 |
| equire that the death certification by the attending parties of the attending parties and cereation, or remaining an attending to the attending of the attendin | NOI | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. | (b) | | ENCE OF (| f Value | Prostres agenture de | er Parlus | |
| 4,1119 | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATION W | 'AS PERFORMED | | YES, WERE FINDINGS RTIFYING CAUSES OF YES \(\square\) N | |
| d physic | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI | | M. MONTH DA | AY YEAR 19 | t. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM | 18 PART OR PART 2} | |
| offer this card M. Card Oc. | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 210 PLACE | OF INJURY REET, FACTORY, OFFICE, F | | LOCATION | CITY OR TOWN | COUNTY | STATE |
| optol or CTOR. A CTOR. A 10r ote a of Health | | 220.1 certify that (1) (this hasp saw the deceased alive a abave, (1) (we) (did n | 11. | 22- 108 | 10 | at in (my) (our) apinian | death accurred an the date and | | (I) (we) last ses stated |
| ITAL OF SALE DIRECT O | 1 | The SIGNATURE | uaen | 'n | DEG | D ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 224 DATE SIGN | 3-85- |
| HOSPI HINE FUNE ORTA | | 22d PHYSICIAN'S NAME TYPE | | | 22 | ADDRESS 14 W | ELLHAM AVENUE | <i>‡</i> 101 | |
| 0 1 2 1 1 N | | CHACKUMKAL | | | | | BURNIE, MARYL | AND 21061 | |
| BP | j | BURIAL, CREMATION, REMOVA SUPIAL JUERAL DIRECTOR | Nov. 2 | | | enMem Pk | 23d LOCATION CITY OR TOWN Glen Burni | COUNTY e A A | STATE |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | | Cully Funera | al Home | Balt | E.Pata | psco Ave | E REC'D. BY REGISTRAR 256 REC | SISTRAP'S SIGNATURE | *** |



- STATE

REGISTRAR

DEREASED NAME

Alice Reece Maryland 21061 7737 Spencer Rd Glen Burnie APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 14800 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES] NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) apinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION, REMOVAL Glen Burnie Ma Burial Glen Haven Mem Park 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Handelle 24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md DHMH - 16 50M 4/83 NEC (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

26 HOUR

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IF UNDER 24 HRS

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IF UNDER 1 YEAR

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| PLIASE RECTOR. IR FILES. 2 HOURS NOTREET. | | CEASED NAM | 4 RAC | FIRST L/AN E | 5 DATE | OF BIRTH | MIDDLE S | 6 AGE (IN LAST BIRT! 1 74 | HDAY) MC | LA UNDER 1 | | UNDER 2 | Sr. | OF | KNOWN ESTI- MATED E | MON | 27 | YEAR 19 YEAR | 24 HOUR OLS 9 |
| NECESSARY UNERAL ON S. FOR YOU S. FOR YOU W. PRESTOR | FC | IRTHPLACE (S PREIGN COUNTRY) Md. | TATE OR | | 76 CITI | Ly 26 ZEN OF W USA | HAT COUP | VTRY? | WIDO | WED X | 0 | R MARRIE DIVORCE | D O | 9. BALTIA | MORECIT e Aru | y <u>or cou</u> ndel | Co. | | MD |
| MAY 15 TO THE F S. SOLIE S. S. SOLIE S. SOLIE S. SOLIE S. SOLIE S. SOLIE S. SOLIE S. SOLIE S. | | Annapo | lis | | An | ne Ar | undel | Gen. | Hos | ita] | STITUTIC | N | 12a USL FOR A | ales | JPATION (DRKING LIFE) | TYPE OF WOR | Aut | ND OF BURNDUSTE | SINESS RY oducts |
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| (No.3) | 0 | | ren | ce S. | Cla: | | | LAST | | | FIRS1 | S MAIDEN Laura | | | | | | LAST | 141 |
| 2 | | NAS DECEASE ES, NO, OR UNKNO NO | OWN) | (IF YES, GIVE | WAR OR DA | ATES) | 220 | 12 6 | | | c. J1 | | n S. | C1a | rke, | | | | |
| L RECORDS, 201 W. PRESTOLULO BE EXECUTED WITHIN 24 "PENDING" IN PRACIL IN TER ADDRESS A BURBAT TRANSPIRE ALC REMATICAL OF REMOVED ALL HYDIAL CREMATICAL OF REMOVED AND ALC CREMATICAL OF R | No | gave ri | se to) stating use last. | | \ c | (b) OUE TO, OR | AS A COM | NSEQUENC NSEQUENC ATED TO THE TE | E OF | ASE OR CO | NOITION GI | IVEN IN PARI | T 1 (p). | | | | | | |
| HALL RECO | CERTIFICATION | 19a. DATE OF | OPER | ATION | | 96 CONDI | TION FOR | WHICH OP | ERATION | WAS PE | RFORME | ED? | | | | | | AUTOPSY: | NO DO |
| S CERTIFICATE SHOUL STRING THE WORD " RDED TO THE CHIEF RE 3 SHOULD BE USE E DEPARTMENT OF HOULD BE USE | CAL CER | 210 EXTERNA UNDERLYING CONTRIBUTI | NG | OR CAUSE OF E | DEATH | P.A | 1. MONTH | DAY YE | AR | | | CCURRED |) LENTER I | NATURE OF II | NJURY IN ITEM | A 18 PART 1 OR | | | |
| DIVISION THIS CERTIFIC WRITING THAN WARDED TO AVEC 3 SHOUT AFE 23 SHOUT AFE PER PRICE AFF 1201 P | MEDICAL | 21d. INJURY (WHILE AT WORK | NOT AT W | WHILE C | | STREET, FAC | OF INJURY TORY, FARM, I | | 21f | STREET | N | | | CITY OR TO | DWN | | COUNTY | | STATE |
| JICAL EXAMINER: 1 THE CERTIFICATE 1 SHOULD BE FORM 1 SHOU | | 220 I certi death result ACTUAL SIGNATURE | ed from | I took charg | rol couse | LA | Accident | | Aut Suicide [| | Homicide | | Undet | Inquiry ermined m | nonner | DAI SIG | opinion E NED/ | 24 | .X5 |
| TO MEE EXECUTION PAGE 4 TO FUN PAFTER I | 73o.B | URIAL, CREMA Buria | NT) _ | REMOVAL 2 | | 30/85 | | NAME OF C | | | | 16 6 | 23d LC CITY | CATION OR TOWN | say K | | OWS | sville | ATE . |
| 07/84 BP DHMH = 17 (VR A15 ME (5)) | | DULTA UNERAL DIRECT MITCHEL | TOR | IEDEFI | | ADDRESS | | Druid 65 | 00 Y | | 25a | DATE RE | | | 2 2 75 7 | Md. | 100 | 17 435400 | |

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FOR STATE

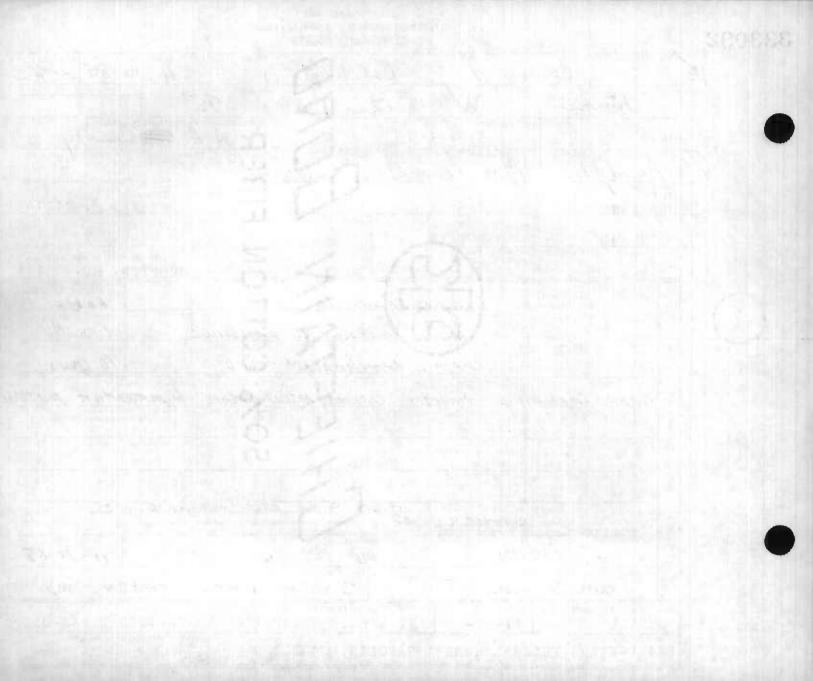
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| REG. N | 10. | | | |
|------------------|-------|-----|------|-------|
| 20 DATE OF DEATH | MONTH | DAY | YEAR | 2b HC |
| | 11 | 10 | 25 | 2 |

| - 1 | 1 | REGISTRAR | | | | | REG. NO |). | | | | |
|-----|---------------|---|-------------------|--|------------------|------------------------|---------------------------|---|-----------------|----------------------------------|--|--|
| 1 | (TYPE | CEASED NAME FIRST OR PRINT) | THERYN | | CLEME | ENS | | 11 1 | 10 85 | 26 HOURS | | |
| P | 3 SEX | REMALE | 1 RACE | / HITE | TE OF BIRTH | 31 89 | 6 AGE (IN YEARS LAST BIRT | YRS | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. | | |
| 1 | OH | RTHPLACE (STATE OR FOREIGN | | .S.A. WID | OWED 🛣 | ER MARRIED DIVORCED | BALTIMORE CITY O | 4 | Cours | ty MD. | | |
| 2 | 1 | ANNA DO 45 | HINTE | OSPITAY, NURSING HO FACILITY GIVE STREET ADDRESS THE WADEL | | HOSPIA | 120 USUAL OCCUPATION EMAR | | | OF BUSINESS OR | | |
| 2 | 130 S MA | AL RESIDENCE LIF NURSING HOME OF THE TRANSPORT OF T | | VE RESIDENCE BEFORE ADMIS CITY OR TOWN CROFTON | YES [| ио [Х] | | | | 21114 | | |
| 0 | M | THER'S NAME FIRST ICHAEL | | UNKLE | E | ESSIE | WIDDLE | | EVAULT | | | |
| | | VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES O | IVE WAR OR DATES) | 66 SOCIAL SECURITY N 297-12-44 | | | HAUDRUE C | | | 21114 | | |
| | | 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDIA | | Acute DI | VELMON | ia | | | | MATE INTERVAL ONSEY AND DEATH | | |
| | 284 | Conditions, if ony, which gove rise to immediate cause to, stating the underlying cause lost | (b) | AS A CONSEQUENCE Chroyic C AS A CONSEQUENCE Chronic B | Entale | | cord | | 1 m | routh. | | |
| 1 | CERTIFICATION | PART 2 OTHER SIGNIFICANT CHRONIC EMPL 190 DATE OF OPERATION | ysema, | ITRIBUTING TO DEATH PLAIS CHES ON FOR WHICH OPER | CORONA | RY ARTERL | 20b. IF YES | YES, WERE FINDINGS USED RILLYING CAUSES OF DEATH? YES \(\text{NO} \) | | | | |
| 1 | 100000 | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN | EATH HOUR A.M. | MONTH DAY Y | EAR 19 | | | | | | | |
| 1 | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF | FINJURY T FACTORY, OFFICE FARM, ET | 211 LOC | ATION | CITY OR TO | wN | COUNTY | STATE | | |
| | 181 | 220 I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did in | n NOVEMBE | R9 10 85 | _, and that in (| | eoth occurred on the do | | er and from the | couses stated | | |
| 1 | | 22d. PHYSICIAN'S NAME CHYPE | ekson | | MD 220 ADD | | MEDICAL STAF | | 22c. DATE | 10.85 | | |
| | | FRANK JA | | | 3 | | GREEN | CRO. | STON, | mp | | |
| | | Burial, cremation, remova URIAL | 236. DATE 11-13 | | AVENUE | OR CREMATORY C NEW PH | ILADELPHI | A TU | SCARAW | VAS ÖHIO | | |
| | | UNERAL DIRECTOR CALTE-EVANS FU | UNERAL H | OME ANN A I | POLIS, | MARYLAN | REC'D. BY REGISTRAN | 25b REGIST | RAR'S SIGNAT | URE TO A SEC | | |
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DHMH - 16 60M 7/84 (VRA 15, 4)



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STATE OF MARYLAND

| DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
|---|
| CERTIFICATE OF DEATH |
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| 11 | STATE REGISTRAR | | VEI ARTI | CERTIF | ICATE OF DEATH | | REG. NO | | | |
|---------------|---|--------------------------|-----------------------------|-----------------|---------------------------|--|---|-------------------------|----------------|------------------------------------|
| | CEASED NAME FIRST | | MIOOLE | l. | AST | 20 | | MONTH D | AY YEAR | 26 HOUR |
| {1YP | ELIZAE | BETH | | COL | BERT | | 11-24 | -85 | | 8/2m |
| 3 SE | Х | 4 RACE | 15 6 15 | S. DATE C | | | AGE (IN YEARS LAST BIR | | IF UNDER TYEAR | IF UNDER 24 HRS |
| FEMALE BLAC | | BLAC | | | 31 03 | | 82 | YRS | DATS | MIN. |
| | IRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | - D NEWS | 9 | BALTIMORE CITY O | | OF DEATH | |
| | RYLAND | U.S. | A. | WIDOWE | D NEVER MARRIED | | ANNE | ARC | UNDE | L MD. |
| 6 | COSEWATER | (IF NOT IN SUC | LERSANT | ADORESS) | NG CONV C | 10 | USUAL OCCUPATE TYPE OF WORK FOR MOST O OUSEWIFE | | | OF BUSINESS OR |
| MA | AL RESIDENCE 1# NURSING HOME OF STATE 136 COL | YTY | 13c CITY OR TOW ANN APOL | N | 13d INSIDE CITY LIMIT | 1 | street Address / | ZIP CODE | ue | 1403 |
| J4. E | ATHER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN | NNAME | WIDOLE | | LAS | |
| 1 | GEORGE | | BROWN | | DASTY | | MIDGLE | LANE | | |
| | WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C | RMED FORCES? | 166 SOCIAL SECU | RITY NO. | | | polis, MdR 408 Chest | | | |
| | 18 CAUSE OF DEATH :Enter of | only one couse per | line far (a), (b), and | d (c) | | | | | BETWEEN | IMATE INTERVAL ONSET AND DEATH_ |
| | PART I. DEATH WAS CAUS | SED BY: ATE CAUSE (a) | HEART | F | AILURE | | | | | |
| | | - | R AS A CONSEQUE | NCE OF | | | | | | 1. 16=VIV |
| | Conditions, if any, which | ((b) | GENERI | 4112 | ED ATHE | ERC | SCLER | 0515 | | |
| | gove rise to immediate couse (a), stating the | DUE TO O | R AS A CONSEQUE | | | | | North S | | |
| 100 | underlying cause last | 1000 10,0 | DIARETA | - S | MELL | 170 | 25 | | | |
| | PART 2 OTHER SIGNIFICANT | CONDITIONS | ONTRIBUTING TO D | DEATH BUT | | | | DITION GIVE | N IN PART 1 | a |
| No. | | | | | | | | | | |
| CERTIFICATION | 198 DATE OF OPERATION | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | | 200 AUTOPSY? 206. IF YES, WERE FINDIN IN CERTIFYING CAUSES (| | NGS USED S OF DEATH? | | |
| 48 | 210 ACCIDENT WAS UNDERLYING | | | | 21c HOW INJURY OC | CCURRED | | | | |
| | OR CONTRIBUTING CAUSE OF O | LAIN | M. MONTH DA | | | | | | | |
| MEDICAL | 114 INJURY OCCURRED | 21e PLACE | M. OF IN ILIRY | 19 | 211 LOCATION | | | | - | |
| ME | WHILE NOT WHILE | (AT HOME ST | REET FACTORY, OFFICE F | ARM ETC) | STREET | | CITY OR TO | WN | COUNTY | STATE |
| | 220.1 certify that (I) (this has | outal) attended th | e decensed from | | | | 10 | , | 9 | that (I) (we) last |
| | saw the deceased alive a | in | 19_ | | nd that in (my) (aur) api | inian dea | | | | |
| FIE | abave, (I) (we) (did) (did) | at view the bady | after death, | | DEGREE | | | | 22c DATE | SIGNED |
| | 1 / harrion | W | Lanne | | ATTENDIN | NG / | MEDICAL STAP | | | |
| 1 | 22d PHYSICIAN'S NAME LIVE | OR PRINT) | / VVII as | | PHYSICIA 22e ADDRESS | AN L | DIRECTOR PHYSIC | IAN | | |
| | | | | | | | | 3960 | | |
| | BURIAL, CREMATION, REMOVA | | | AME OF C | EMETERY OR CREMATO | ORY | 23d LOCATION | | COUNTY | STATE |
| | RIAL | 11-29 | -1985 BR | EWER | HILL CEMETE | | Annapol | 15 | A N | larryl and |
| 24. F | UNERAL DIRECTOR Ans | napolis, | Md. 2140 | 1 | 25a | DATE RI | EC D. BY REGISTRAR | 256 REGISTR | ARASIGNA | SKIP TO THE |
| W | ILLIAM REESE & | SONS MO | RTUARY, 1 | P.A. | ſ | NOV | 29 1985 | | | |

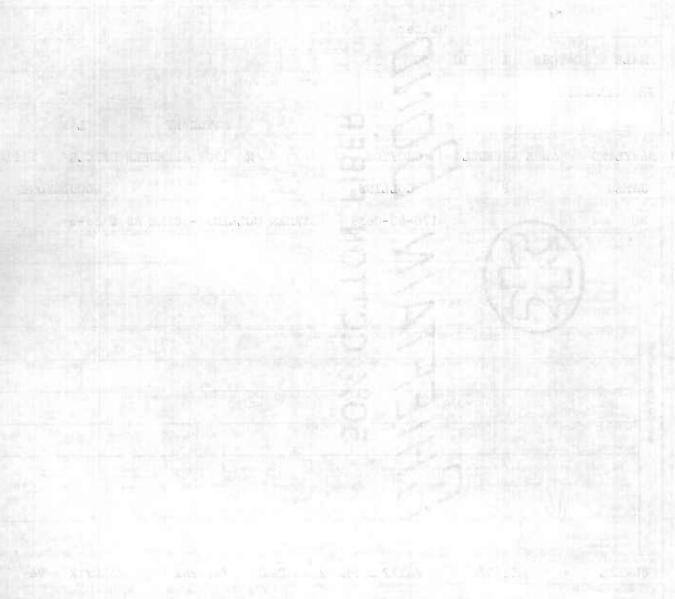
DHMH - 16 60M 7/84

74 FUNERAL DIRECTOR Annapolis, Md. 21401 WILLIAM REESE & SONS MORTUARY, P.A. (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 324080 REG NO DECEASED NAME FIRST 20. DATE KNOWN XX MONTH 2b. HOUR (TYPE OR PRINT) ESTI-Walter DEATH MATED Collins Timothy 10-30 19 85 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c DATE MONTH LAST BIRTHDAY 8:00 PRONOUNCED 35YRS MALE 19 85 CAUCSN 10 50 DEAD 10-30 D. M 70. BIRTHPLACE (STATE OR 7b CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED FOREIGN COUNTRY) PENNSYLVANIA USA DIVORCED Anne Arundel County, WIDOWED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY ATTORNEY LAW Annapolis Anne Arundel General Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 1709 ABERDEEN CIRCLE ANNE ARUNDEL CROFTON MARYLAND NO X 21114 YES [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE WOODBRIDGE ANN JAMES COLLINS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) NO 176-40-0639 CARMEN COLLINS - SAME AS #13a-e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Diabetes Mellitus IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO W 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY WHILE AT WORK STATE Inspection XX 224 I certify that I toak charge of the remains described above, held an Autopsy Inquiry Natural causes XX death resulted from: Accident Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 10-31-85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY VATATE BURTAL FATRFAX 11/1/85 FAIRFAX MEMORIAL PARK 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (51) DEMAINE FUNERAL HOMES, ALEXANDRIA, VIRGINIA



- DEWINE STREET, STREET, SALDARDINE, OF COLUMN - 1000

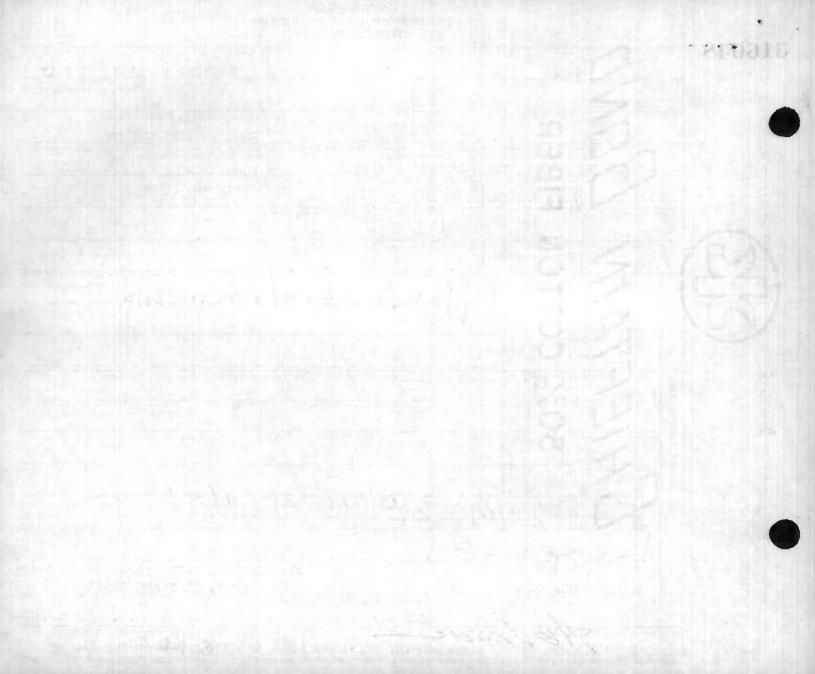
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 323150 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN X . DECEASED NAME MONTH DAY (TYPE OR PRINT) OF ESTI-OR YOUR FILES.
THIN 72 HOURS
RESTON STREET. William Conlee 10% & AGE (IN YEARS IF UNDER 1 YR. 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2c DATE PRONOUNCED Tale White DEAD 10/19 85 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land WIDOWED SET SET TORCED Anne Arundel County FILED, 18 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Construction Worker 7487 Furnance Branch Rd. Glen Burnie USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 21122 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 223rd.St.Pasadena.Md. 800 Pasadena 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME HOCKUM Conlee.Sr. John Rose Pasade Paress 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT (YES, NO, OR UNKNOWN) Anderson, 800 223nd S. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Gunshot Wounds to Head & Neck IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HE OF PRIOR TO BURIAL, O USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 11/10/10 85 subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK 7487 Furnance Branch Rd., Glen Burnie, Md. home PAGE 4 SHOULD TO FUNERAL DIRECTOR: PA TO FUNERAL WITH THE ST. AFTER DEATH, WITH THE ST. RALTIMORE, MARYLAND, 2 X Autopsy 220 I certify that I took charge of the remains described above, held on Inspection Inquiry and in my opinian Hamicide X Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11/11/85 SIGNATURE EXAMINER'S NAME 111 Penn St. (TYPE OR PRINT) Gregory R. Kauffman, M.D. ADDRESS 23e BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 238 LOCATION 11/14/85 Glen Haven Mem. Park Glen 07/84 25M asadena, Md. 21122 1250. DAJE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR **DHMH - 17** Home, Mt. & Tickneck Rds. (VR A15 ME (5))

Many Services Services

| MARIE CECILLIA CONRAD NOVEMBER 5, 3 S EX 4 RACE 5 DATE OF BIRTH MONIH DAY YEAR FEMALE WHITE MARCH 13, 1916 69 YRS MARRIED NEVER MARRIED MARYLAND WIDOWED MARYLAND U.S.A. WIDOWED MONTH ARUNDEL GLEN BURNIE NORTH ARUNDEL HOSPITAL USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WARYLAND USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION (IYPE OF WORK FOR MOST OF WORKING LIFT USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) 130 STATE MARYLAND ANNE ARUNDEL GLEN BURNIE WARYLAND ANNE ARUNDEL GLEN BURNIE 131 COUNTY ANNE ARUNDEL GLEN BURNIE 132 STATE 134 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE ANNE ARUNDEL GLEN BURNIE 137 DATE OF BIRTH MONTH ARUNDEL GLEN BURNIE 138 STREET ADDRESS / ZIP CODE 1007 GUY DRIVE | OUNTY N IZB. KIND OF BUSINESS OF INDUSTRY |
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND



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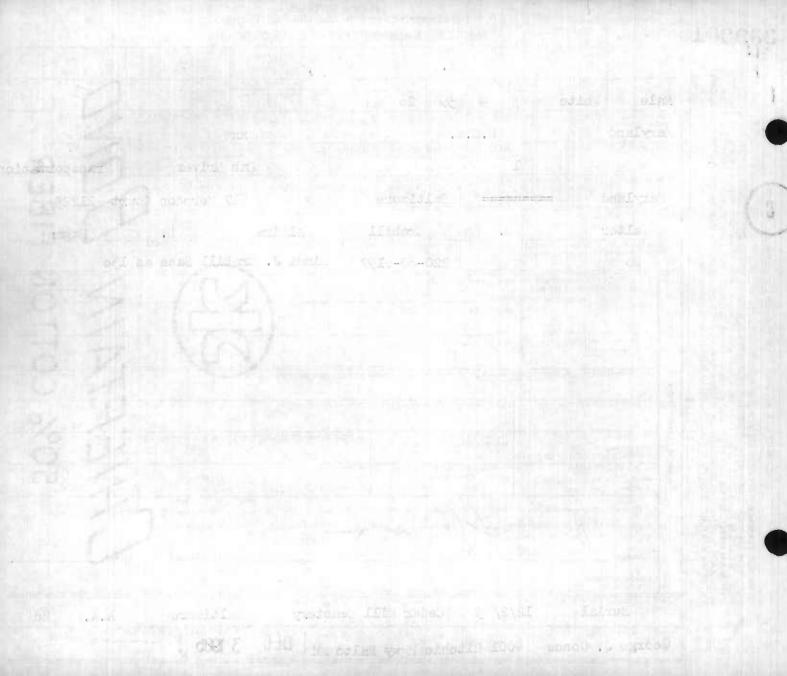
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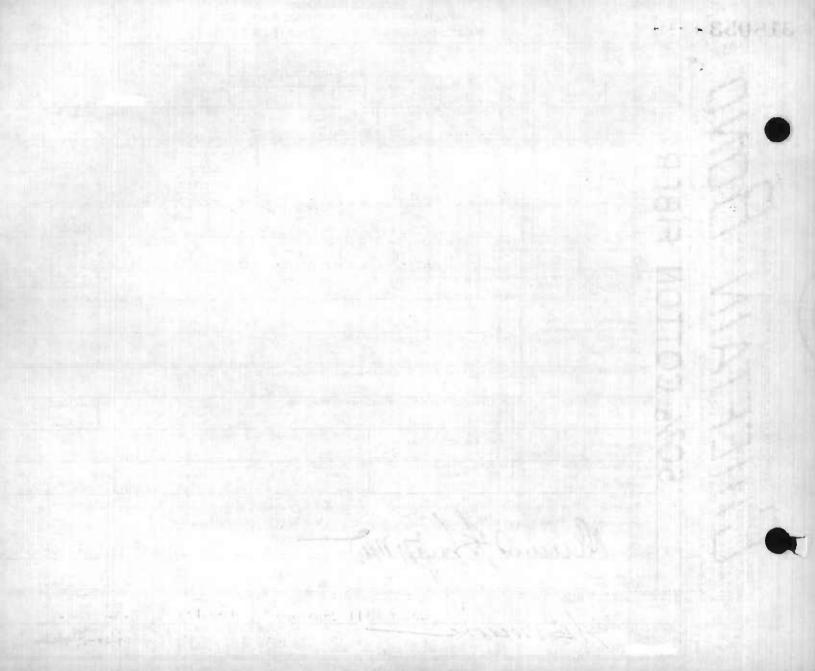
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 339001 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE KNOWN 2b HOUR LTYPE OR PRINTI OF ESTI-A. Crabil1 DEATH MATED David 28 19 85 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 76 HOUR DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 1:45 59 Male White 26 DEAD 28 19 85 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Maryland DIVORCED XX Anne Arundel County, WIDOWED 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS M CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) 198 Cresswell Road Cab Driver Brooklyn Pransportation SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 817 Herndon Court Maryland Baltimore YES X NO 21225 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Walter Crabill D. Almira Hagan L. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO. ADDRESS YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Linda J. Crabill Same as 13e No 220-80-6197 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Hanging USED AS A BURIAL - TRANSIT PER OF HEALTH AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION INER: THIS CENTRAL WORLD FORWARDED TO THE CHIEF ME FORWARDED TO THE CHIEF ME FOR PAGE 3 SHOULD BE USED AS THE STATE DEPARTMENT OF HEAD THE STATE DEPARTMENT OF HE 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXMONTH DAY YEAR UNDERLYING X OR MEDICAL 2819 85 11 ? P.M. Subject hanged self CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME 2 If LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK TO MEDICAL EXAMINES: THIS EXECUTE THE CEPTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FURE TORE, PAGE BATTER DEATH WITH THE STATE BATTER DATE OF THE STATE BATTER DATE BATTER DATE OF THE STATE BATTER DA home 198 Crosswell Rd, Brooklyn, A.A. CO, MD. InspectionX 220 I certify that Haak charge of the remains described above, held an Autopsy Inquiry and in my apinion X Homicide L Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11/29/85 DATE SIGNATUR EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS_ 230 BURIAL, CREMATION REMOVAL 236 DATE 12/2/85 23c. NAME OF CEMETERY OF CREMATORY Cedar Hill Cemetery 23d LOCATION Md Baltimore A.A. 07/84 BP 2588 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE George J. Gonce 4001 Ritchie Hgwy Balto Md **DHMH - 17** (VR A15 ME (5))

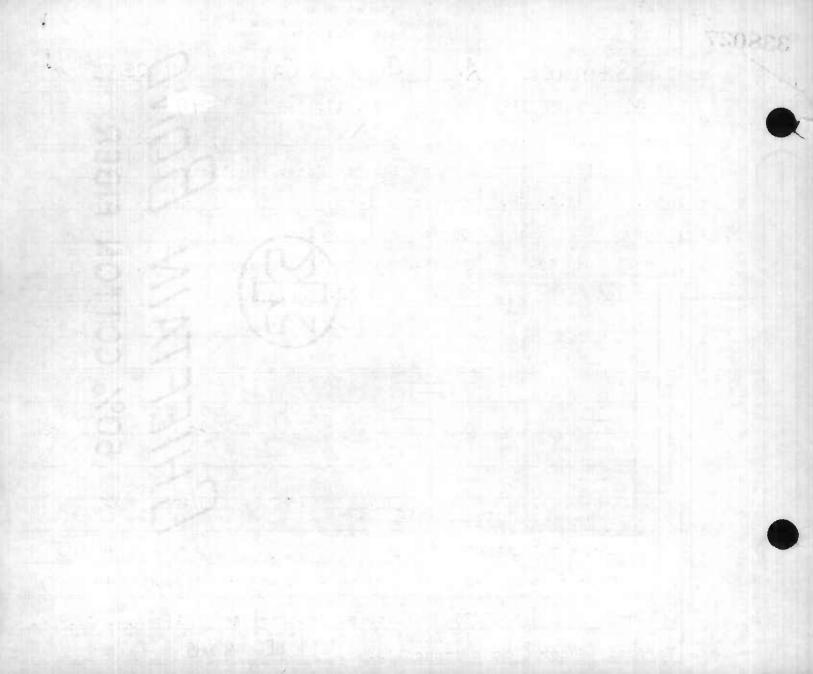


STATE OF MARYLAND



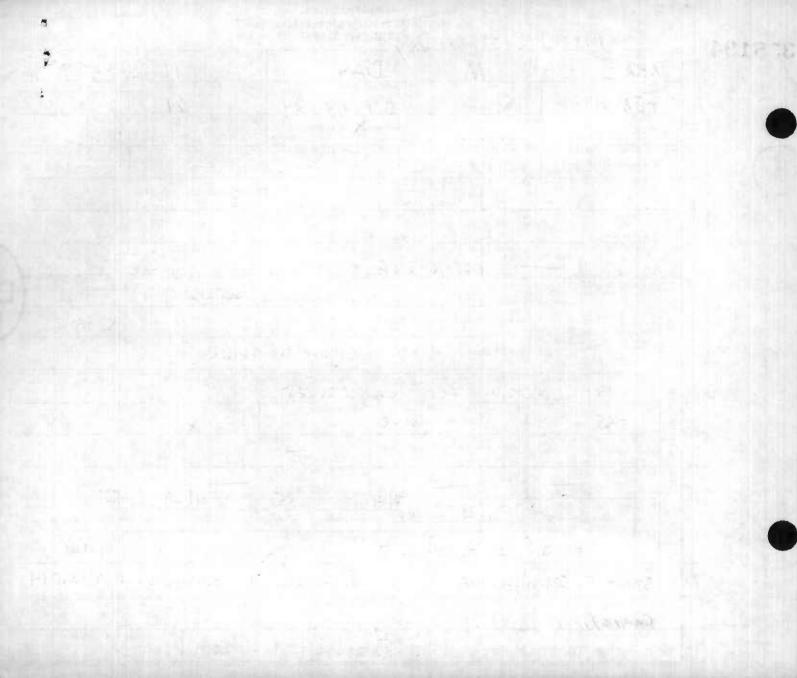
| 1 | - STATE REGISTRAR | | CERTIFI | CATE OF DEATH | REG. NO. | | |
|---|--|--|--|----------------------------------|---------------------------------------|--|------------------------------------|
| I | 1 DECEASED NAME | JEL L | C. | Rus SR | 20. DATE OF DEATH M | 1 25 85 | 26 HOUR 49/AM |
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| Ά | 14. FATHER'S NAME | WIDDLE | LAST | 15 MOTHER'S MAIDEN NA | WE | | LAST |
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| | 226 SIGNATURE | | viele suo | ATTENDING PHYSICIAN | MEDICAL STAFF | 11/ | TE SIGNED |
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| | 230 BURIAL, CREMATION, REA | 11/29/ | | est Cemete | 23d LOCATION CITY OR TOWN TY Annapol | is A A | STATE C M d |
| | 24 FUNERAL DIRECTOR | | 12 Ridgely | AVE. 250. DAT | E REC'D. BY REGISTRAR 2 | | Co. Md. |
| | Hardesty Fu | | | | C 2 1985 | | 1 1 1 1 1 1 |

DHMH - 16 60M 7/84 (VRA 15, 4)



| | 1, | STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 9 9 7 01 |
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| 0404 | 2 1 | - STATE REGISTRAR MADE! SUJANNA DOCERTIFICATE OF DEATH REG. NO. | |
| de ge de | 1 DE | ECEASED NAME FIRST MODILE LAST 20 DATE OF DEATH MONTH DAY | 85 7.45 AM |
| ge 4 may ector po | 3 SE | FEMALE A RACE S. DATE OF BIRTH ON YEAR (IN YEARS LAST BIRTHDAY) FOR A SEA OF STATE OF SIRTH ON NON YEAR OF STATE OF SIRTH ON NON YEAR OF STATE OF SIRTH ON NON YEAR OF STATE OF SIRTH ON NON NON YEAR OF STATE OF SIRTH ON NO. | NDER YEAR IF UNDER 24, HRS HS DAYS HOURS MAIN, |
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| TENDIN ortol ar TOR. After use a of Health | | 270-1 certify that (I (this haspita) attended the deceased from 19 saw the deceased alive on 19 saw the 19 | , that (I) (we) last d from the causes stated |
| the hast the hast AL DIREC letached ore Dept | | obave. (b) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE STAFF PHYSICIAN DIRECTOR PHYSIC | 224 DATE SIGNED |
| TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT: | | Stuart E. Selonich, m.D. 51 Franklin St. Annapolis, | md. 21014 |
| P | 230 | BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN CITY OR TOWN CEMETATION 12/2/85 Westview Crematory Baltimore | DUNTY STATE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | TUNERAL DIRECTOR 12 Ridgely Ave. 1250 DATE REC'D. BY REGISTRAR 250 REGISTRAR AVE. 1250 DATE REC'D. BY REGISTRAR 250 REGISTRAR 2 | |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



11/12/85

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Kirkley Funeral Home

Crain Hwy. S.E.

Glen Haven

STATE OF MARYLAND

Glen Burnie A.A. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

8 Nov.85

2b HOUR

12b. KIND OF BUSINESS OR

Retired

Re 1'To

,21061

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

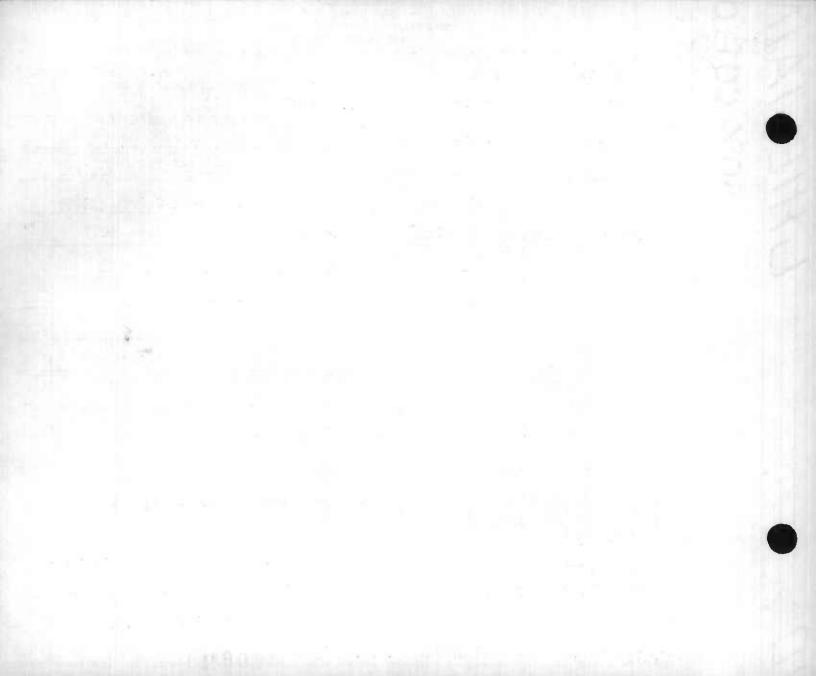
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7,1985

IF UNDER I YEAR



1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

| REG. N | O. |
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| REGIST | AR | | CERTIFICAT | | RE | G. NO. | | |
|--|--|--|---------------------------|--|--|--|--|-------------------------------------|
| 1 DECE ASED I | 0 . | MIDDLE | (AST | | 20. DATE OF DEA | TH MONTH | DAY YEAR | 2h HOUR 191 |
| 1 612 | hoone | | 100 | 1-1- | 6 AGE (IN YEARS L | | IF UNDER LYEAR | 11 -25 FF |
| Male | 17 | A RAC Caucasian | 5 DATE OF BIRT | 03 - 11 | 7 | | MONINS DATS | HOURS MIN. |
| 70 BIRTHPLAC | (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | MARRIED - | NEVER MARRIED | 9 BALTIMORE C | TY OR COUN | TY OF DEATH | |
| | ton D.C. | USA | WIDOWED | DIVORCED | ANNE | Arun | | MD. |
| 16 | 11. | 11. NAME OF HOSPITAL, NURSI | TADDRESS) | HER INSTITUTION | 120 USUAL OCCU | AOST OF WORKING | GLIFE) INDUSTRY | |
| MAL RESIDE | | OTHER INSTITUTION GIVE RESIDENCE BEFO | NOC. | EN. | Technici | | | S Gov't |
| MD | AAC | DEALE | YES | | 5950 Ro | | | 20751 |
| FATHER'S N | | MIDDLE LAST | 15 M | OTHER'S MAIDEN NA | MIC | | LA | |
| M- MAS DEC | Ernest ASED EVER IN U.S. ARA | | ell III | | dred | E. | Smith | |
| IYES NO OR | NKNOWN) (IF YES GIVE | WAR OR DATES) | | VFORMANT | | | Merrima idson v il | |
| yes | WW I | | | arles D. W | Turbee, at | . Dav. | | XIMATE INTERVAL LONSET AND DEATH |
| PAR | I. DEATH WAS CAUSED | 1 / / / | ROickes | P | 9RResT | | BETWEEN | ONSET AND DEATH |
| | IMMEDIAII | 271002107 | | | | | | |
| | | DUE TO OR AS A CONSEQU | IENICE OF | | | | The second secon | |
| Canditi | ons, if any, which | DUE TO, OR AS A CONSEQUE | race ST | Tem is | NEARCH | - | | |
| gave | ons, if any, which use to immediate (a), stating the |) 10) | | Tem in | NFARCE | | | |
| gave cause | ise to immediate | DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T | | Tem in | NFIARCT | ·. | | |
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| gave cause underly PART 2 | ise to immediate (a), stating the ing couse last. | DUE TO, OR AS A CONSEOL | DENCE OF DEATH BUT NOT I | RELATED TO THE TER/ | MINAL DISEASE OR | 20b. IF | YES, WERE FINDI | NGS USED S OF DEATH? |
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naleacount x ASU .O. Corganias Tachnician US Gor't 5950 Rock Hold Iriva 20551 Sznost Loc lovell Milered 1. Smith Two Samirral 000 yes will the Me Charles D. Mimoes, Jr. Lavidsonville, Md.

Burial Nov. 12 1989Maryland Vectrans Com. Challeannon, Maryland Ul cilo, mm. 000 v.

Herrican I so a sowie, Maryland

| 316047 | FOR STATE REGISTRAR | | DEPARTMENT OF HE | OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH | REG. NO. | 2 9 9 7 EST |
|--|---|---|---------------------------|---|--|---|
| nay be g | II DECEMOED I ANIME | ROBERT EMM | ETT DOYLE | | NOVEMBER | 5, 1985 2b HOUR 442 PM |
| age 4 may | 3. SEX MALE | 4. RACE WHITE | | BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) 58 YR | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| death. Pe | 70. BIRTHPLACE (STATE OR FOR NEW YORK | U.S.A. | MARRIED WIDOWED | | | DEL COUNTY MD. |
| ts ofter of the followith of the followi | GLEN BURN | E (IF MOOR MITTELE IA | AL, NURSING HOME OF | | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN ALCOHOL COUNSE | 126 KIND OF BUSINESS OR INDUSTRY LORBETHLEHEM STEE |
| AND 212 | MARYLAND A | HOME OR OTHER INSTITUTION GIVE RES B. COUNTY 134. CI' NNE ARUNDEL SEV | JERNA PARK | 13d. INSIDE CITY LIMITS? YES NO 🔯 | 13e. STREET ADDRESS 515 GRANDIN AV | YENUE 21146 |
| MARYLAND 2 | 14 FATHER'S NAME FIRST HENRY | | DOYLE | ETHEL | MIDDLE R. | COUGLE |
| be execution and constructions. Pages | | IF YES GIVE WAR OR DATES! | | MRS. MARILYN | | SAME AS # 13 |
| RDS, 201 W. PRESTON ST., 8 equires that the death certificate signed by the attending physical please remove carbonpopt to burial, cremotion, ar removainjury, or other traumatic event, | PART I. DEATH WAS IN Conditions, if ony, w gove rise to immed cause (a), stating underlying cause PART 2 OTHER SIGNIF | DUE TO, OR AS A lost the lost (c) | CONSEQUENCE OF | Cardia Lac are | Annia MINAL DISEASE OR CONDITION | APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH G WONSELAND CEATH GIVEN IN PART 1:0 |
| AL RECO | 190 DATE OF OPERATION | | OR WHICH OPERATION | | YES NO IN CE | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO |
| DIVISION OF VITAL RECORDS NG PHYSICIAN: The law requir tathending physician. After this certificate has been signs the burial-transit permit. The th and Mental Hygiene prior to the and Mental Hygiene prior to the and Mental B shows any injury | 21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL | JSE OF DEATH HOUR A.M. M EXAMINER) P.M. | ONTH DAY YEAR | 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 2) |
| DIVISIO | AT WORK | (AT HOME, STREET, FACT | TORY, OFFICE, FARM, ETC.) | STREET 19 | CITY OR TOWN | COUNTY STATE |
| ATTEND obspirtol of ECTOR. ECTOR. of Head for use the m 21 is n | sow #thideceoetts | ive on 10/30 did not) view the body ofter d | eath. | | death occurred on the date and | |
| SPITAL OR I by the h VERAL DIR be detach e State Der | 22d. PHYSICIAN'S NAM | E (TYPE OR PRINT) | upi | TATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN DE STAFF | 10/5/4- |
| TO HOSPIT retained by TO FUNER should be with the Str IMPORTAN | DAVID 230 BURIAL, CREMATION, RE | A. SCHWARTZ, M. | | GLEN BU | RNIE, MARYLAND | 21061 |
| ВР | (SPECIFY) CREMATI 24 FUNERAL DIRECTOR | NOVEMBE | R 6], | Y PROCESS, I | NC. CATONSVILLE TE REC'D. BY REGISTRAR 256 REC | BALTO. MARYLAND |
| DHMH - 16 50M 4/82 (VRA 15, 4) | 214.415 | ERAL HOME GLEN | N BURNIE, M | ALO I | | Fairdson-Randon |

TE 25 25 THE PROPERTY OF STREET BUILD TEASTON TELEBRIC WITH MENU CHALLED THE COMMENT OF THE COMMENT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Balto., Md.

126 KIND OF BUSINESS OR

Red Cross

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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YES [

COUNTY

COUNTY

NOV 27 1985 REGISTRAN 256. REGISTRANS SIGN THE LAND

Same as #13

DHMH - 16 60M 7/B4 (VRA 15, 4)

4 FUNERAL DIRECTOR

Anatomy Board

- STATE

| | | | | | MARYLAND | | |
|--|--|--|--------------------------|-------------------------------------|------------------------------|--|--|
| | FOR STATE | | | DEPARTMENT OF HEAL | TH AND MENTAL | HYGIENE 5 | 9 9 7 9 |
| 200444 | REGISTRA | 3 | ME | DICAL EXAMINER'S | CERTIFICATE | OF DEATH REG. NO. | |
| 326114 | 1 DECEASED N. | AME FIRST | | WINDLE | LAST | | MONTH DAY YEAR 26 HOUR |
| W ~ | (TYPE OR PRINT) | Georg | ria | Marie | Faircloth | OF ESTI- | 11 13 19 85 M |
| RECEIPTE A | 3 SEX | T4 RACE | S. DATE OF BIRTH | | UNDER 1 YR. IF UNDE | | 11 13 19 85 M |
| STA | Female | Caucasia | MONTH DAY | YEAR LAST BIRTHDAY) MC | ONTHS DAYS HOURS | MIN. PRONOUNCED | 12:22 |
| ARY, PLEASE DIRECTOR. OUR FILES. N 72 HOURS | 4 | | T NOV I, | 1951 34 YRS. | | DEAD | 11 14 1985 a M |
| SS X ZW | 70 BIRTHPLACE | RY | 76. CITIZEN OF WI | HAT COUNTRY? | RRIED X NEVER MAR | RIED 9 BALTIMORE CITY OR | COUNTY OF DEATH |
| 35 5 35 T | Virgin | | US | A WIDO | OWED DIVOR | CED Anne Arundel | County, MD |
| 2438216 | CITY OR TOV | VN OF DEATH | | PITAL, NURSING HOME, OR C | | 120 USUAL OCCUPATION (TYPE OF | |
| 5075 | Annap | olis | | | DOA Hospital | home-maker | |
| and and | JSUAL RESIDEN | CE (IF IN NURSING HOME | OR OTHER INSTITUTION, GH | VE RESIDENCE BEFORE ADMISSION) | | | home |
| PAAA 2120 | Marylan | d lish COUI | Arundel | Riva | YES NO X | 13e STREET ADDRESS | 01710 |
| 0.14 | 14 FATHER'S NA | | ALUMET | INTAG | IS MOTHER'S MAID | 77 00-200 22-2 | ve 21140 |
| * E 2885 / | FIRST | | MIDDLE | LAST | FIRST | MIDDLE | LAST |
| 8-8030 | Georg | SED EVER IN U.S. AF | 24450 5000550 | Knott | Mari | | Kersey |
| TIMO TER DE PAGE FORM | (YES, NO, OR UN | KNOWN) (IF YES, GIV | E WAR OR DATES) | | | | 552 Poplar Drive |
| BALTIM JIRS AFTER 3. GIVE PA WITH FOR DIVISION | NO | | | 228-78-6314 | Joseph A | . Faircloth, Jr. | Riva, MD 21140 |
| : 503 -0 | IB. CAUS | E OF DEATH (Enter a | nly one cause per line | Tar (o), (b), and (c).) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| W. PRESTON ST., w. PRESTON ST., within 24 hous knill intem 18 miner along w miner alon | PARI | DEATH WAS CAUSE | TE CAUSE (a) | Multiple inju | ries | | |
| | 1 8 | 120 | | AS A CONSEQUENCE OF | | | |
| W. PREST WITHIN PENCIL IN MINER A TRANSIT ENTAL HY OR REMC | | itions, if any, which | | | | | |
| 01 W. PRE TED WITHI V PENCIL I V OR REA | | rise to immediate (o) stating the under | | AS A CONSEQUENCE OF | | | |
| | lying | cause last. | | | | | |
| XECUTEL VG" IN F EXAL EXAL EXAL EXAL EXAL EXAL EXAL EXAL | PART 2 OTHI | P SIGNIFICANT CONDITION | (CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMINAL DIS | FACE AR CRUPATION CONT. IN O | | |
| DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "FEDINGAL ES SHOULD BE USED AS A BUR E DEPARTMENT OF HEALTH AN OUT PRIOR TO BURIAL, CREMATIO | | x John Can Compilion | CONTRIBUTING TO BEATH | BOT HOT RECATED TO THE TERMINAL DIS | EASE OR CONDITION GIVEN IN P | ART I IQ | |
| A AS | 19a DATE | OF OPERATION | Tink CONIDE | TION FOR WHICH OPERATION | WAS DEDSOONED? | | Tre constant |
| TAL HOUSED USED OF H | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | OF OFERATION | 176. CONDI | TION FOR WHICH OPERATION | WAS PERFORMED! | | 20 AUTOPSY? |
| VITA SUSPENSE | | | | | | | YES 🛣 NO 🗌 |
| CERTIFICATE TING THE W DED TO THE DEPARTMENT OF | ZIO EXIE | ING KOR | HOUR AM | MONTH DAY YEAR | HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM 18 PART | T T OR PART 2) |
| SION OF RTIFICATI NG THE V SHOULD PARTMEI RIOR TO |) S CONTRIB | UTING CAUSE OF | DEATH 11:25 P.M | . 11 1319 85 | Driver in a | uto/truck impact | |
| VISI BERNAMENTAL PROPERTY OF THE PROPERTY OF T | 21d. INJUE | RY OCCURRED | 21e PLACE (| OF INJURY (ATHOME, 211. | LOCATION | CITY OR TOWN | COUNTY STATE |
| ARDIA ARDIA | AT WORK | NOT WHILE Y | st | | .178 nr. Ol | | |
| DIVIS THIS GER THIS GER CATE, WRITIN FORWARDED OR: PAGE 3.3 OR: PAGE 3.3 OR: PAGE 3.3 | 1 | | | | 17 7 | | |
| A SO THE | 220.10 | /1 | | 1. Vn | | | n my opinion |
| WE WE WE WE | death te | sulted from. / Nati | ural couses 🔲, | Accident A Suicide L | | Undetermined monner, | |
| る 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 | ACTUAL | 11 | MANAS | 1 Chast | TITLE (SPECIFY) | | DATE 11/15/05 |
| ZHEN THE | SIGNATU | RE | 8010 | I TOWN IN | MACTING Ch | | SIGNED 11/15/85 |
| WO WO | EXAMINE | R'S NAME min | and D. Cari | th MD | 3 2 2 2 | Down Ct Dell to | ID. |
| TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STABALTHORE, MARYLAND, 2) | (TYPE OR | PRINT) TITO | nas D. Smi | | | Penn St. Balto.M | ID. |
| AUSTA9 | 230 BURIAL, CRE | MATION, REMOVAL | | 230 NAME OF CEMETERY | | 23d. LOCATION | COUNTY STATE MD |
| 07/84 BP | Dur.1a. | | NOV 16,198 | B5 Lakemont Mer | norial Garde | ens; Davidsonville | . Anne Arundel |
| 25M DHMH - 17 | 24 FUNERAL DI | RECTOR | 6000 | Annapolis Road | 250. DATE | REC'D. BY REGISTRAR 256, REGISTR | PAR'S SIGNATURE |
| (VR A15 ME (5)) | Beall Fr | meral Hom | e Bowie | MD 20715-301 | 43 NO | V 1 9 1985 | MICON OF PARTY |
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228-78-6314 Joseph A. Foircieth, Jr. Bivm, MD 21140

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STATE OF MARYLAND

| DEPARTMENT OF HEALTH AND MENTAL HYGIENE | O | 2 |
|---|---|-----|
| CERTIFICATE OF DEATH | | REG |

| 1 | REGISTRAR | | | | Crittii | ICAIL OI DEATH | | REG. NO. | | |
|---------------|----------------------------|---------------------------------|-----------------------|---------------------------------|------------|-----------------------------|---------------------|---------------------------|------------------------------------|--------------------|
| | CEASED NAME | FIRST | | MIDDLE | ı | AS1 | 2a. DATE OF | DEATH MONTH | DAY YEAR | 2b HOUR |
| (14) | E OR PRINT) | Will | iam | н. | F | allon | Nov. | 4.198 | 35 | 3:25 AM |
| 3. SE | Х | | 4 RACE | | S. DATE C | J | 6 AGE (IN YEA | RS LAST BIRTHDAY) | IF UNDER 1 YE | AR IF UNDER 24 HRS |
| | male | | white | е | Oct | | 98 | Y | RS MONTHS DA | TS HOURS MIN. |
| | IRTHPLACE I STATE | OR FOREIGN | 16 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMOR | ECITY OR COL | INTY OF DEATH | |
| 1 | Connect | icut | U.S | Α. | WIDOWE | | 1 | Aruna | del Co. | MD. |
| 10. C | ITY OR TOWN OF | | 11. NAME OF | HOSPITAL, NURSIN | G HOME C | OR OTHER INSTITUTION | 12a USUAL O | CCUPATION | 126 KIN | D OF BUSINESS OR |
| | Millers | ville | | LI. WOOD N | | Nursing H | | to tool | | RY |
| UsU | | | ROTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | | | | | 51111 |
| | d. | A.A | | Severn | | 134 INSIDE CITY LIMITS? | | odress / zip c Evergre | | 71146 |
| 14. F | ATHER'S NAME | 10.7 | 5.5. | | | 15. MOTHER'S MAIDEN N | | | | /. |
| J | ames | | WIDDLE | Fallo | n | Mary | | MIDDLE | Ca | hill |
| | WAS DECEASED EN | | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | | ADDRESS | | |
| | no or unknown | no | VE WAR OR DATES) | 047-222 | 2990 | Edward Be | rgeron | | | |
| | 11 CAUSE OF DE | ATH (Enter o | nly one couse per | line for (a), (b), on | dicio | . / - | 1 | 1 | APPR | ROXIMATE INTERVAL |
| | PART I. DE AT | | ED BY TE CAUSE (0) | Cardin- | tes, | peratores | arre | st | | - |
| | | | N 10 10 17 | R AS A CONSEQUE | NCE OF | 1- 21 | / | Λ | | |
| | Conditions, if a | | (16)_ | atters | car | stec Caro | Lu-Va | AC XX | 11 | 20 |
| | gave rise to couse 101, st | ating the | DUE TO, O | R AS A CONSEQUE | NCE OF | | | 4 | | |
| | underlying co | use last | (c)_ | | | | | | | |
| 7 | PART 2 OTHER S | IGNIFICANT | CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE | OR CONDITION | GIVEN IN PART | 110 |
| CERTIFICATION | | | | | | | | | | |
| ₫ | 19a DATE OF OPE | RATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOP | | IF YES, WERE FIN ERTIFYING CAUS | |
| Ē | 77 | | | | | | | NOX | YES 🗌 | NO 🗌 |
| | 210 ACCIDENT WAS | | 216 TIME C | M. MONTH D | AY YEAR | 21c HOW INJURY OCCU | IRRED (ENTER NATU | RE OF INJURY IN ITEA | M 18 PART I OR PART | 23 |
| CAI | (IF EITHER NOTIFY | AEDIC AL EXAMINE | R) P. | M. | 19 | | | | | |
| MEDICAL | 214 INJURY OCC | | 21e PLACE | OF INJURY REET FACTORY OFFICE F | ARM ETC) | 211 LOCATION STREET | | CITY OR TOWN | COUNTY | STATE |
| - | AT WORK AT | WORK WORK | | | 1 | / | LAPV. | 111 | | |
| 1 | | | A | e deceosed from_ | 3/17 | 182 19 | , to | 11/4/8 | 2 19 | that (1) (we) lost |
| | sow the dec | eased alve on e) (did)(did n | of view the body | ofter detath. | X 3,01 | nd that I (my) (our) apinio | n death accurred | of the date and | hour and from t | the couses stated |
| | 186 SIGNATURE | 7 | 1/1- | 1/- | | DEGREE | 1 | | 22c DA | ATESIGNED |
| | m | ruf. | VIOR | hanso | 2 | | MEDICAL DIRECTOR | STAFF PHYSICIAN | 1/1 | 14/85 |
| | 224 PHYSICIAN'S | / | | | | 22e ADDRESS | | | 1 | 1 04/04 |
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DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: should be detached for use with the State Dept of Hea

IMPORTANT: IF

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236. DATE 11-5-85 Cremation
24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

Md.

Westview Crematory Baltimore
12 Ridgely Ave. 250 DATE RECO. BY REGISTRAR 256 REGISTRAR S SIGNATURE
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16000 Annapolis Road

STATE OF MARYLAND

IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Er. Enser W. Cole, M.D.

11/20/85

74 FUNERAL DIRECTOR SCHARMUNEK Funeral Home, ORE Inc.

3331 Brehms Lane, Balto., Md.

Gardens of Faith

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STATE

Balto., Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

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FOR

REGISTRAR

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IRVIN

DECEASED NAME

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24 DAY Male White 14 O BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. Anne Arundel WIDOWED County O CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Annapolis Annapolis General Hospital Foreman Md. Dry Dock SUAL RESIDENCE LIENURSING HOME OR OTHER INSTITUTION 113h COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland A.A. Severna Pk. 308 Gordon Avenue NO X 21146 EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST George Louis Fornoff Sara Virginia Wasten 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21223 YES 217-05-7125 W II George I. Fornoff, Jr. 2003 Christian St. APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY espiratory DUE TO, OR AS A CONSEQUENCE OF recurrent aspiration Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 71a. ACCIDENT WAS UNDERLYING: 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF LOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE 11-25- 10 75 10 220 I certify that (1) (this hospital) attended the deceased from..... 10.85 and that in (my) (our) apinion death occurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING . MEDICAL be deto PHYSICIAN DIRECTOR PHYSICIAN ld b Annapolis General Hospital Robert T. Petune 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL Crownsville Vet. Cem. Burial Crownsville A.A. Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

5. DATE OF BIRTH

FORNOFF, SR.

REG. NO

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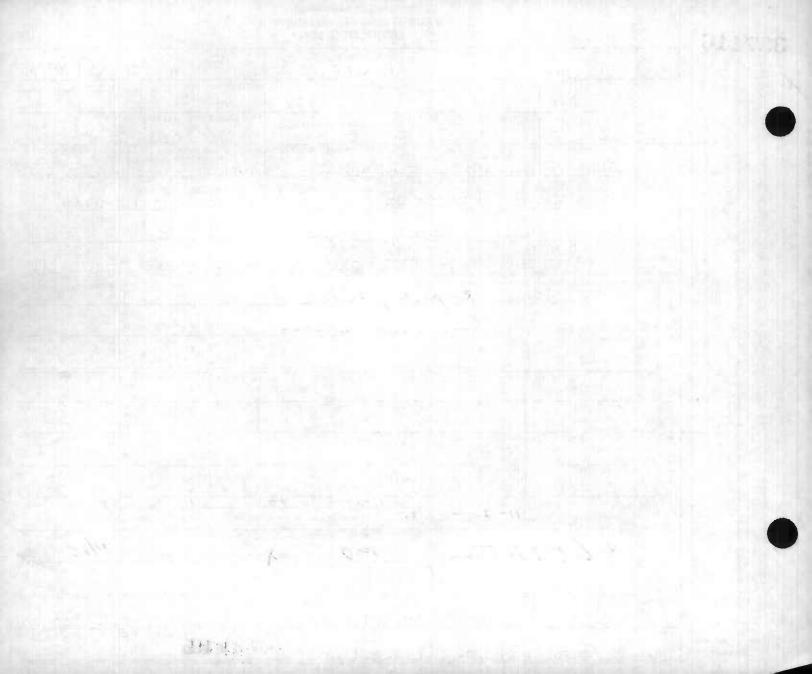
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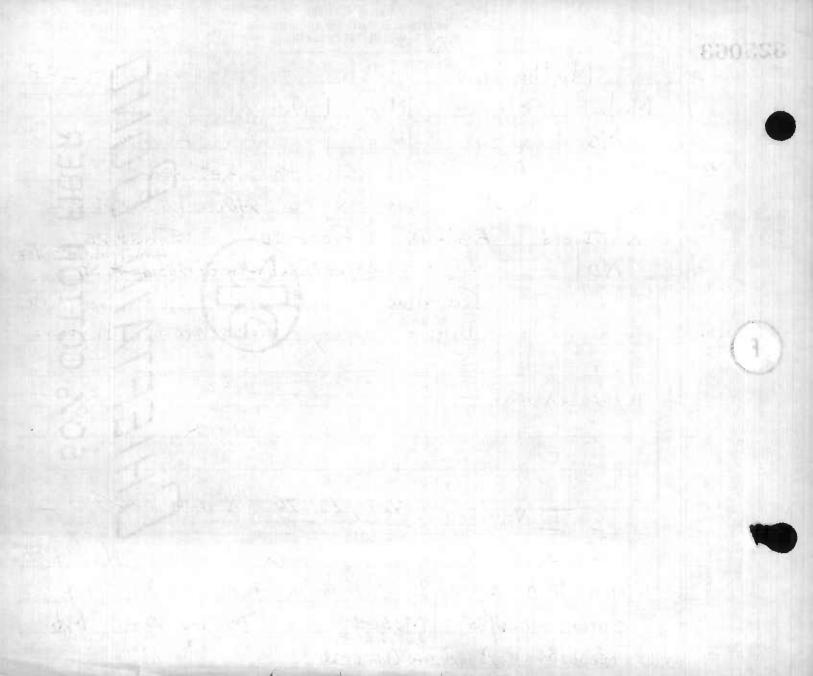
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DHMH - 16 60M 7/84





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| ¥337073 | | STATE REGISTRAR | MEDICAL | EXAMINER'S | CERTIFICATE C | | REG. NO. | , , 0 | 0 |
| 2001013 | T DE | CEASED NAME FIRST | WIDDLE | | LAST | 2a DATE N | NOWN X MOI | NTH DAY YEAR | 26 HOUR |
| 英東京発出 | 1 | Frank | < | Fu | rman | OF DEATH | MATED [| 11/26/19 85 | , M |
| A STATE OF THE STA | 1 | n W | S DATE OF BIRTY | 6. AGE (IN YEARS IF L | JNDER 1 YR. IF UNDER | 24 HRS 26. DATE MIN PRONOUNDEAD | CED | 11/26/19 85 | 24 HOUR 8:45 |
| - Name | 10.5 | HPLACE, (STATE OF | 76 CITIZEN OF WHAT COU | MAR | RIED NEVER MARR | IED C | | UNTY OF DEATH | |
| - XX | 17 | TY OR TOWN OF DEATH | 11 NAME OF HOSPITAL, NU | WIDO | | IZO USUAL OCCUP | Arundel | | MD. |
| P. POTH | >_ | Glen Burnie | Rear Motor | Vehicle Adi | | LO MOST O | E Operal | a Peter | RY |
| F ANY F AND | 12 | AL RESIDENCE (IF IN NURSING HOME (| 13c. CIT | Y OR TOWN | 136. INSIDE CITY EIMITS? YES NO | 16 STREET ADDRESS | Pecken | Backer | Re |
| ORE, MD | 12 | MICHAEL . | Tillmar | LAST X | Nocma | CZZZ | | SKI | |
| , BALTIMORE, MD. RS AFIER DEATH. IS. GAVE PAGES 1. 2. WITH FORM PAGE 3. FAGES 1 AND 2'S DIVISION OF WIGH | 160 \ | VAS DECEASED EVER IN U.S. AR ES 19, OR UNKNOWN) (IF YES, GIVE | MED FORCES? E WAR OR DATES) | 58 1004 | 17 INFORMANT | il Tu | ADDRESS | 116286 | Fil- |
| ST | | PART I DEATH WAS CAUSE | nly ane cause per line far (a), (b) BY: MAI DUE TO, OR AS A CO | nutrition | & Dehydrati | .on | | APPROXIMAT BETWEEN ONSE | T AND A A |
| A NAME OF SECOND | | Conditions, if ony, which gave rise to immediate couse (o) stating the <u>underlying</u> couse last. | (b) | NSEQUENCE OF | 1-00 | | | | |
| 2200 | | | (c) | | | | | | |
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| F VITAL RE SHOULD WORD "PE CHIEF A PE CHIEF A PE CHIEF A PE USED A PE USED A PE CHEFAL, C PE CHE | CERTIFICATION | 190. DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATION | WAS PERFORMED? | | | 20 AUTOPSY YESXX | |
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| | MEDICAL | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e PLACE OF INJURY STREET, FACTORY, FARM, | | OCATION STREET | CITY OR TOW | /N | COUNTY | STATE |
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| H | | ACTUAL SIGNATURE | Th | | TITLE (SPECIFY) M.D. Assistan | E MEDICAL EXAM | INER SK | ATE 11/27 | 7/85 |
| TO MEDICA EXECUTE TH PAGE 4 SH PAGE 1 SH PAGE DEAT BABTINORE | 112.00 | TOTAL CONTRACTOR OF THE PARTY O | reogry R. Kauf | fman, M.D. | | 111 Penn | St. | | |
| 07/84 BP 1925 | 0 | enterior a | 11/29/85 | Vestiner | of Cem. | REC D. BY REGISTRAN | etecs | ne 3/2 | 28 |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| н | | REGISTRAR | | CERTIN | TEATE OF DEATH | REG. 1 | 10. | | |
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| A | | THPLACE IN MEDITORION | 76 CITIZEN OF WHAT COUNTRY? | 1 | D NEVER MARRIED | 9 ALTIMORE CITY | OR COUNTY O | FDEATH | |
| 1 | Mas | setheussetts | United States | WIDOWE | DIVORCED | Home Ar. | dung | 28 | MD. |
| ď | / CI | H V OB JOWN OF DEVIH | 11 NAME OF HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | 126 KIND OF INDUSTRY | BUSINESS OR |
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| 7 | USUA 11a S | TATE TIME OF THE PROPERTY OF T | The state of the s | £ 14011113010111 | A 124 INICIDE CITY I INVITED | 13e STREET ADDRESS | / 710 CODE | | 196 |
| 涯 | | - 1 1 | All the second s | | 136 INSIDE CITY LIMITS? YES NO TO | 228 Harbo | | 21146 | |
| 7 | | THER'S NAME | , with the setting | IOLA | 15 MOTHER'S MAIDEN NA | | 7 77 0 | 21140 | - |
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| 1 | | | IVE WAR OR DATES) | | | | , | 4-1 | |
| | | NO | 026 07 8 | 3921 | Hilda Garl | ington | Same as | | |
| T | | 18 CAUSE OF DEATH (Enter or | inly ane cause per ine far tal the ar | or 1 | 11-1 | 11/1/1 | 1 | BETWEEN ON | ATE INTERVAL |
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| Т | | Conditions, if ony, which | DOE 10. OR 3 7 20 3 3 4 0 | Trak | 11/1/Dan & | on liberte | 864 | | |
| 1 | | gove rise to immediate | 10) | 114 | 1114 | | | | |
| Т | | cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQU | ENCE OF | Krantel | 6 | | - 3 | |
| 1 | - 1 | | 10 | | 1-00000 | | | | |
| 4 | Z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATHIBIOT | NOT RELATED TO THE TERM | MINAL DISEASE OR COI | NDITION GIVEN | IN PAKI IIG | |
| 4 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | NI WAS DEDECTARED | 20g AUTOPSY? | Tank IE VES V | VERE FINDING | CELICED |
| 4 | S. | DATE OF OPERATION | 178 CONDITION FOR WHICH | OPERATIO | IN WAS PERFORMED | ZVE AUTOFST? | | NG CAUSES C | OF DEATH? |
| 4 | F | | | | To: | YES NO | YES | | NO 🗌 |
| 9 | | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. | - 110110 1 11 11011711 0 | AY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJ | URY IN ITEM 18 PART | I OR PART 2) | |
| 1 | S | (IF EITHER NOTIFY MEDICAL EXAMINE | | 19 | | | | | |
| 1 | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | EARA ETC) | 211 LOCATION | CITY OR I | OWN | COUNTY | STATE |
| 1 | Σ | WHILE NOT WHILE AT WORK | LAT HOME STREET, PACTORY, OFFICE | FARM EIC | 100 | | 1 ,) | | |
| 1 | | | offol) attended the deceased from. | -7 | 164 19 85 | 10 U PU | PC 19 | 89 th | at (li (we) lost |
| 1 | | saw the decayed alive on | n 6 (1/11) - 198 | 969 .01 | nd that in (my) (our) opinion | death accurred on the | date and have a | / | |
| 1 | -0 | 22b. SIGNATURE | ot) view the body after death | | DEGREE | | | 22t. DATE S | IGNED |
| 1 | | | 1/2/ | 01 | ATTENDING | _ MEDICAL STA | | - 1 | huia. |
| A | | 224 PHYSICIAN'S NAME TYPE | Pecce | Vile | PHYSICIAN [| DIRECTOR PHYS | CIAN | 1/// | MU DO |
| 4 | | 220. PHYSICIAINS INAME (ITPE | OR PRINCIP | | THE ADDRESS | | | | |
| 1 | | 1- B-1 | 1) 100 | cel- | | | | | |
| | | URIAL, CREMATION, REMOVAL | L 236 DATE 23c | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | OUNTY | STATE |
| | (: | Cremation | Nov. 7,1985 S | ecuri | ty Process IN | | lle Ra | ltimor | |
| 1 | 24 FU | INERAL DIRECTOR | - | 2 | 25a DA1 | TE REC'D. BY REGISTRA | 256 REGISTRA | | |
| | 3.0 | NAME | | ASADO | | V 0.8 1985 | - worder | idson-Par | ndese. |
| 1 | , V | cCully Funeral | Homes Tick Ne | CK OGM | ountain the | 200 | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After should be detached for use os

TO HOSPITAL

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MPORTANT. If Item 21 is morked or

| STATE REGISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REG. | - | | | | | | ARYLAND | | | 3 12 | | (0) | |
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| T DECEASED NAME (INFORMATION) TO DECEASED NAME TO DECEASED TO DECEASED NAME TO DECEASED NAME TO DECEASED NAME TO DECEAS | | | | | | | | |) | . 7 | 7 | 0 | Ú |
| D. SEX I RACE MONTH DAY THAN 15 DEATH MONTH DAY THAN 16 DEATH DAY THAN 16 DEAT | | CEASED NAME | FIRST . | 74124 | WIDDIE | ALK 3 | LAST | | | | DAY | YEAR | 26 HC |
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| Table Part Dead Table | 3 SE | X 4. RA | | | | | | | DATE | MONTH | | | 2d. HOI |
| MARYLAND UNITED STATES MARRIED STATES MARRI | | | an | | 05 19 | RS. | | | DEAD | 11 | _ | | 060 |
| III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (INCLUSION SUCH PACENT) (INCLUSION S | F | OREIGN COUNTRY) | | | ITATES | | 75. | RIED | LIIMORE CITT | A A | IN OF DI | HIA | |
| USUAL RESIDENCE (IR IN NURSING HOLE OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATUS 137 S MAGOTHER SMADENSING HOLE 137 S MAGOTHER SMADENS SALE 138 STATUS 139 STATUS 139 STATUS 139 STATUS 139 STATUS 139 STATUS 139 STATUS 130 STATU | | | | | PITAL, NURSING HOM | | | 120 USUAL O | CCUPATION (1 | TYPE OF WORK | 125 KIN | D OF BU | SINESS |
| 14. FATHER'S NAME WILL WALTMAN WALTMAN WALTMAN WALTMAN EMMA POR PORTER 15. MOTHER'S MAIDEN NAME PROTER 16. SOCIAL SECURITY NO. 218 48 0279 CALVIN GIBBS PASADENA, MD 21122 18. CAUSE OF DEATH (Enter only one couse per line for y), (b), and (c). PART 1 DEATH WAS CAUSED BY: MODIE MATERIAL CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Lying couse lost (c) PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTI | Ks | len Bu | erpie | Wor. | th Aru | | e/ | HOME | MAKER | | H | OME | .Υ |
| I.S. MOTHER'S NAME WALTMAN I.S. MOTHER'S MAIDEN NAME FMMA PORTER | USL 13a | AL RESIDENCE (IF IN | NURSING HOME OR OTH | ER INSTITUTION, GN | 130 TY OR TOWN | ION) | 136 INSIDE CITY LIMITS? | 13e STREET A | DDRESS | | 0. | 211 | 22 |
| WILL WALTMAN WALTMAN WALTMAN WALTMAN FIRST PORTER PORTER 166 SOCIAL SECURITY NO. 212 DOAK DR. 212 DOAK DR. 212 DOAK DR. 212 DOAK DR. PASADENA, MD 21122 APPROXIMATE NITERVAL BETWEEN ONSET AND DEA APPROXIMATE NITERVAL BETWEEN ONSET AND DEA Canditions, if ony, which gave rise to immediate cause (a) stating the under- lying cause lost (c) PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (d). PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (d). 196. DATE OF OPERATION 196. CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 199. 216. EXTERNAL CAUSE WAS 116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 199. 216. PLACE OF INJURY ALROWS 216. PLACE OF INJURY ALROWS 217. PLACE OF INJURY ALROWS 218. PLACE OF INJURY ALROWS 217. PLACE OF INJURY ALROWS 217. PLACE OF INJURY ALROWS 217. P | | ma. | HA | 1 | MASAde | NA | 111 | 175 | MAGOT | thy ! | Sch | Ric | 1- |
| 16d. WAS DECEASED EVER IN U.S. ARMED FORCES? (145 NO. OR UNKNOWN) 16F VES. GIVE WAR ORD DATES) 16b. SOCIAL SECURITY NO. 218 48 0279 CALVIN GIBBS PASADENA, MD 21122 | 14.1 | FIRST | ME | DLE | WAT TMAN | | FIRST | | MIDDLE | | יוים חם | AST CD | |
| 18 CAUSE OF DEATH (Enter only one couse per line logg), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) storing the under-lying couse lost. (c) PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR 191. CONDITION DAY YEAR CONTRIBUTING OR 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 211. DIVINITY OCCURRED (ENTERNATURE OF INJURY INTEM 18 PART I OR PART 2) 191. TIME OF INJURY OCCURRED OR INJURY OCCURRED (ENTERNATURE OF INJURY INTEM 18 PART I OR PART 2) 210. TIME PLACE OF INJURY ALL HOME 211. DIVINITY OCCURRED (ENTERNATURE OF INJURY INTEM 18 PART I OR PART 2) 212. TIME PLACE OF INJURY ALL HOME 213. TIME OF INJURY ALL HOME 214. DIVINITY OCCURRED 214. DIVINITY OCCURRED 215. TIME OF INJURY ALL HOME 216. TIME OF INJURY ALL HOME 216. TIME OF INJURY ALL HOME 217. TIME OF INJURY ALL HOME 218. PLACE OF INJURY ALL HOME 219. DO TO THE OF INJURY ALL HOME 219. TIME OF INJURY ALL HOME 219. DO TO THE OF INJURY ALL HOME 219. DO TO THE OF INJURY ALL HOME 219. TIME OF INJU | 16a | | R IN U.S. ARMED | FORCES? | | IY NO. | | / 44 1 ED ET | 212075 | | FORT. | ER | |
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| 220 Certify that I taak charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my apinian death resulted Iram: Natural causes Accident , Suicide , Hamicide , Undetermined manner , | | / | 11/11 | | | | TITLE (SPECIFY) | | THE LEE | | | , | |
| death resulted Iram: Natural causes Accident , Suicide , Hamicide , Undetermined manner , | | ACTUAL SIGNATURE | hele | mi / | warm | Q_ M | Deputy | MEDICAL I | EXAMINER | DATE | ED_// | /24 | 185 |
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| death resulted Iram: Natural causes Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE | | (TYPE OR PRINT) | "William I | Jones, | M.D. | | ADDRESS 695 AN | rerica Crt | ., DaVIde | conville | e, Md. | . 210 | 35 |
| death resulted Iram: Natural causes Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE | 23a | BURIAL, CREMATION | REMOVAL 23b D | ATÉ | 23¢ NAME OF CE | METERY C | R CREMATORY | 23d. LOCATI | NC N | COU | INTY | STA | ATE |
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| death resulted Iram: Natural causes Accident . Suicide ., Hamicide Undetermined manner ., ACTUAL SIGNATURE | 24 | FUNERAL DIRECTOR | | MOUI | NTAIN& TICH | NEC: | RDS 250 DATE | REC'D. BY REG | STRAR 256 RE | GISTRAR'S | SIGNATU | RF | |
| death resulted Iram: Natural causes Accident . Suicide ., Hamicide ., Undetermined manner ., ACTUAL SIGNATURE | M | C CULLY F | UNERAL HO | OMES P | ASADENA, M | D 211 | 22 | 0 0 10 | 00 | | | | |
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME FIRST 2b HOUR LIVPE OR PRINTI 3. SEX 6 AGE LIN YEARS LAST BIRTHDAY! masian BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MAINE USA WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR FOR MOST OF WORKING LIFE! MECHANIC USUAL RESIDENCE (# 136 COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Anna colis 15 MOTHER'S MAIDEN NAME HOWARD FIRS1 NETTIE GREENLAW HASKELL ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT H. GREENLAW SAME APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ta), (b) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE 1a Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. 07 saw the deceased, alive an , and that in (my) (aur) apinian death accurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURIAL INGTON HANCOCK CO.

ELLSWORTH MAINE

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

FUNERAL HOME

BP

The world have been a second

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 346160 CERTIFICATE OF DEATH REGISTRAR EST REG NO DECEASED NAME LAST 2a DATE OF DEATH 26 HOUR LITYPE OR PRINTS KATHERINE GRIFFIN NOVEMBER 28, 1985 Anna 4:50 PM 4 RACE IF UNDER 1 YEAR 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) YEAR 26 female white 99 86 To BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED [ANNE ARUNDEL COUNTY CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY housewife GLEN_BURNIE NORTH ARUNDEL HOSPITAL GIVE RESIDENCE BEFORE ADMISSION 3n STATE 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Calvert North Beach Lake Shore Drive 20714 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Smith George XXXXXXX Marv Fair 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 215 20 5695 Catherine A. Harrell same as #13 n/a no 18 CAUSE OF DEATH (Enter only one cause per line for ra), (b), and ro APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardio bulmina IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY I AT HOME STREET, FACTORY OFFICE, FARM ETC 1 STREET STATE NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (auc) opinion death accurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b SIGNATURE DEGREE 22c DATE SIGNED MO ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 606 HAMMONDS LANE, #U6 HARI K. BHASIN, M.D. BALTIMORE, MARYLAND 21225 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

Dec. 2 1985 Mational Mem. Park

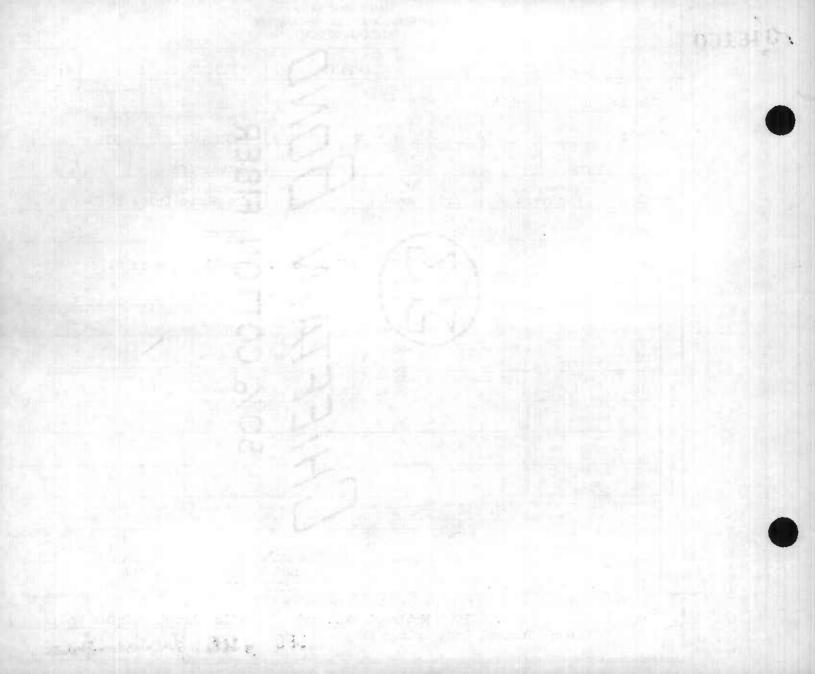
24 FUNERAL DIRECTOR Rausch Funeral Home Owings Md

Falls Church Fairfax Va

DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY)

burial



(VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR EST REG NO LAST 20 DATE OF DEATH MONTH 7h HOUR DECEASED NAME TYPE OR PRINT! NOVEMBER 22. 1985 10:20 MILDRED Μ. GROVER 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 10 White Female 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED A DIVORCED [ANNE ARUNDEL COUNTY O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR HOUSEWITE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Home Maker NORTH ARUNDEL HOSPITAL GLEN BURNIE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Maryland 136 COUNTY Linthicum 13d INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 400 Darlene Avenue 21090 A.A. NO PA IS MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE Cora Sands Bradley ==== 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (FYES, GIVE WAR OR DATES! 212-05-5331 Leonard Grover Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO [710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

211 LOCATION

ATTENDING

MEDICAL

220 I certify that (I) (this haspital) attended the decepted from saw the deceased alive on, and that (my) (our) apinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the b 22h SIGNA DEGREE 22c DATE SIGNED

Loudon Park Cemetery

DIRECTOR PHYSICIAN 22e ADDRESS HOSPITAL DRIVE # 104

RECEP EROL, M.D. GLEN BURNIE, MARYLAND 21061 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL

George J. Gonce 4001 Ritchie Hewy Balto Md

21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE i di de souvellen fancie

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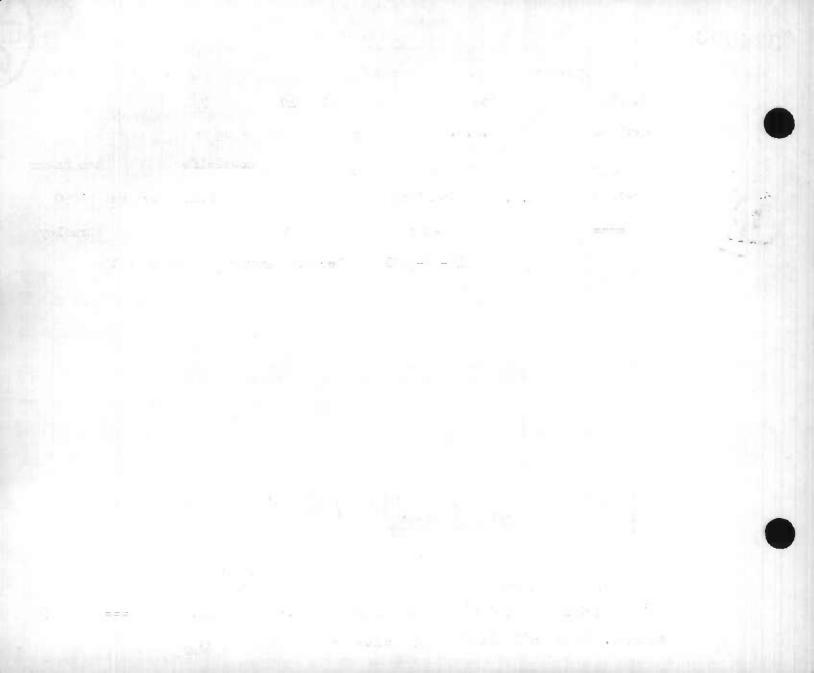
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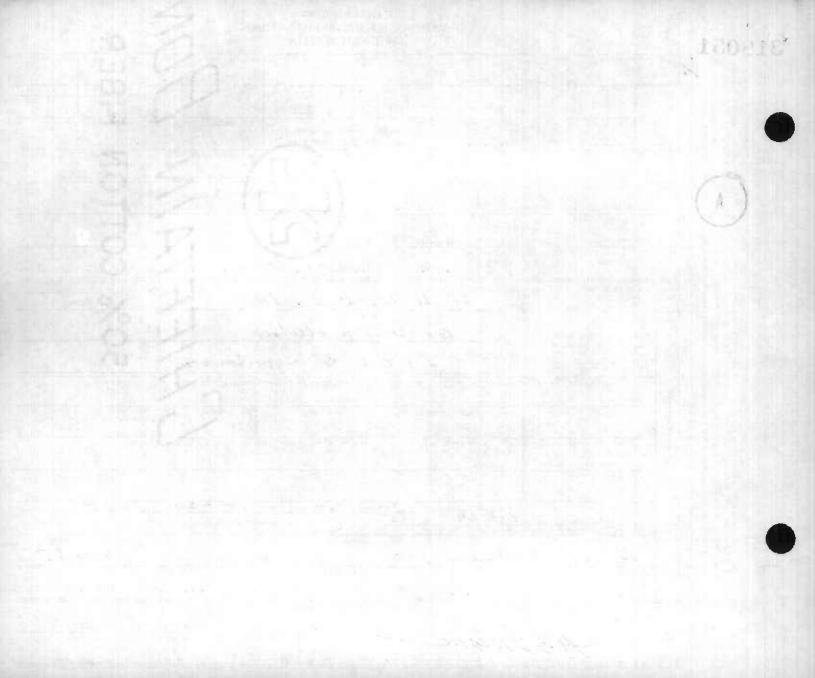
Burial



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 18051 | | 1 - | STATE REGISTRAR | DEFARI | | FICATE OF DEATH | REG. NO. | |
|--|-----|---------------|---|---|-----------|-----------------------------------|---|---|
| 10001 | 1 | | CEASED NAME FIRST | MIDDLE | | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26. HOUR |
| a 75 | 10 | APE | FLORENC | CE (NMN) | HACK | MAN | NOVEMBER 11, 19 | 985 |
| 6 80 | | 3 SE2 | | 4 RACE | | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 H |
| a di | / | FE | MALE | WHITE | MONT | ber 9, 1908 | 77 VPS | MONTHS DAYS HOURS M |
| 2 53 1 | 10 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | 8. | | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| E TE A | 4 | 0 | OUNTRY) ONNECTICUT | | MARRIE | D NEVER MARRIED | ANNE ARUNDEL CO | |
| 4 34 % | 17 | _ | TY OR TOWN OF DEATH | U.S.A. | WIDOWI | | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS |
| - | 1 | G | LEN BURNIE | (IF NOT IN SUCH FACILITY, GIVE STREET 612 AQUAHART RO | DAD | OK OTHER RASHIJOTION | TYPE OF WORK FOR MOST OF WORKING LE | |
| A CONTACTOR | 16 | 130. 9 | TATE 136 COUL | ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 130. CITY OR TOV ARUNDEL GLEN BUI | VN | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP COD 612 AQUAHART RO | DAD 21061 |
| 4 | 20 | 14 FA | THER'S NAME FIRST JOSEPH | MIDDLE LAST SCHULT | rz | 15 MOTHER'S MAIDEN NAME FIRST EVA | WE | TETERAV |
| and co | 1 | - { | | VE WAR OR DATES) | | 17 INFORMANT NEPHE | EW ADOS NE CKSON, SR. GLEN | WFIELD ROAD BURNIE, MD 2 |
| N | / | N | | | | INOBBINI OF OTHER | ACON, OK. GEEN | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
| 100000 | | | PART I. DEATH WAS CAUSE | nly ane couse per line far (a), (b) ar | - 1 | art faile | | 3 Ly |
| h ce cortec or | - 1 | | | DUE TO, OR AS A CONSEQU | | , well to | | |
| deat other fron. | | | Canditions, if ony, which | | rhe 4. | , wellitze | 1 | |
| the the removement | -8 | | gave rise to immediate couse (a), stating the underlying couse last | DUE TO, OR AS A CONSEQU | ENCE OF | 11 19 11 - | e Lours on | |
| d by t lease iol, cre | | | | (c) | | | | |
| n signe Then p to bur | | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GI | VEN IN PART 1 o |
| on. hos bee | 9 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | ON WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\begin{array}{cccccccccccccccccccccccccccccccccccc |
| hysica icote ronsi Hygii 18 sh | | CER | 210. ACCIDENT WAS UNDERLYING | | 45.5 | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART 1 OR PART 2) |
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| Africa Africa | | | | ital) ottended the deceased from. | you | 1962,19 | 10 Oct 29, | . 19 5 5, that (I) (we) |
| TTEN portol for u | | | saw the accessed alive on | OCT 29 19_ | 85.0 | nd that ip (my) (our) apinion o | death occurred an the date and ha | |
| R A hos hed hed ept. | - | . A | 226 SIGNATURE | at view the body after death | | DEGREE | | 22c. DATE SIGNED |
| Y the RAL DI detocl rate Di | 1 | | Robert 1 | Daluserin u | 10 | ATTENDING PHYSICIAN IT | MEDICAL STAFF DIRECTOR PHYSICIAN | 11-11-85 |
| - 0 m o v > | -/- | | 224 PHYSICIAN'S NAME (TYPE C | | | 22e ADDRESS | DIRECTOR FITTSICIAN | 7/ // 00 |
| TO HOSPITA retained by TO FUNERA should be de with the Stat | 1 | | DR. ROBERT DA | | | | GHWAY N.W. GLEN | BURNIE, MD 21 |
| N 6 1 2 3 3. | | 23a B | URIAL, CREMATION, REMOVAL | NoVEMBER 13, 23€ | NAME OF C | CEMETERY OR CREMATORY | 23d LOCATION | COUNTY STATE |
| BP | | L. ' | BURIAL | /1985 GL | EN HAV | VEN MEMORIAL P | K GLEN BURNIE A | .A. MARYLAND |
| HMH - 16 60M 7/ | 84 | 24 FL | INERAL DIRECTOR | Union | | | E REC D. BY REGISTRAR 256 REGIS | |
| (VRA 15, 4) | | ST | | HOME, GLEN BUR | NIE, N | MD NOS | FAB 100 11 2 | 500 your 100 |



| | | | | STATE OF MARTLAND | 13 19 9 | Q G G |
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| 322046 | | REGISTRAR | | CERTIFICATE OF DEATH | DEC NO | |
| | 1 DE | CEASED NAME FIRST | WIDDLE | LAST | REG. NO. 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| 6 w c | (TYP | E OR PRINT) | 1 0 | 1/0/0 | 11 | 250 |
| ay be oge 3 deoth | | DOR | | Hale | 11: | 8 83 7 AM |
| E G | 3 SE | X | 4 RACE | S. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| 0 00 | 1 | terrale | White | 1 - 24 - 21 | (04 YRS | DATS TOOKS MIN. |
| 0 41 // | la B | IRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY | 8 | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| E 32 877 | 16- | POMIA | 11.5 A | MARRIED NEVER MARRIED | Dona Daw | 1100 (0 |
| 9 11 1 | 10.0 | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL NURSI | WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| 12 67 | 4 | 1.1.10 | LIGNOT IN SUCH EACILITY, GIVE STREE | ADDRESS) // / | THE OF WORK FOR MOST OF WORKING L | LIFE) INDUSTRY |
| | 1 | HNNAPOLIS | HANE Hrundel | General Hospita, | / Housewite | - Home |
| 2 32 26 | USU 13a | AL RESIDENCE LIF NURSING HOME OR STATE, 13b COUN | OTHER INSTITUTION GIVE RESIDENCE BEFOR | E ADMISSION) VN 113d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP COD | ne . |
| 2 44 70 | 1 10 | 1d. ANN | Anundal Bever | TAR YEST NOT | 10110 [] | 1ve 21146 |
| 1375 | 14. F | ATHER'S NAME | 2.43.57.50.01. | 15 MOTHER'S MAIDEN N. | | 1 |
| 57/876 | 1 | II) III I in | ROOL ROOM | 28 ESIRTE | MIDDLE | - 10 AST 201 |
| 5 5 7 | 116. | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SEC | JRITY NO. 17 INFORMANT | ADDRESS | TO DAID |
| | | YES, NO ON UNKNOWN) (IF YES, GIV | E WAR OR DATES | 1000 | T I II- I | SAINE AS |
| al W VI | | yes wu | 1 25320 | 1137 KICHAR | D L. Hall | 1 ABOVE #136 |
| 1 1 | | 18 CAUSE OF DEATH (Enter on | ly one cause per line for 19 161, or | idic Li A | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | PARTI. DEATH WAS CAUSE | D BY | reater Carringu | <u>a</u> | |
| ding Srbo rre | | IMMEDIA | E CAOSE (O) | | | |
| 9 9 9 | | C4% 1/4 1/4 1/4 | DUE TO, OR AS A CONSEOU | ENCE OF | | |
| movinotion from | 1 | Conditions, if ony, which gove rise to immediate | (b) | | | |
| t the second | | couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSEOL | ENCE OF | | |
| ed by sileose and, created, cr | | | (c) | | | |
| bon bon in bon. Y. | 1, | PART 2 OTHER SIGNIFICANT | ONDITIONS CONTRIBUTING TO | DEATH BUTNOT RELATED TO THE TER | MINA DISPASE OR CONDITION GI | VEN IN PART 110 |
| The The Injury | 0 | Diaketes Hel! a | reprovascular Dust. | use: Hariphonal Vax | cular Distort | |
| 1111/ | 3 | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b IF YE | S, WERE FINDINGS USED |
| a company | CERTIFICATION | | | | | IFYING CAUSES OF DEATH? |
| 59 11117 | 1 2 | 21a ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 121c. HOW INJURY OCCUP | RRED (ENTER NATURE OF INJURY IN ITEM TB | |
| phys | | OR CONTRIBUTING CAUSE OF DEA | | AY YEAR | | |
| Sign | 10 | (IF EITHER NOTIFY MEDICAL EXAMINER | | 19 | | |
| PHY end | MEDICAL | 214 INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | FARM ETC) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| N OHE D | | AT WORK | | 000 | 11 405 | |
| Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | 1 | 220 I certify the (1) [1] is hospi | tal) attended the deceased from | 1783 . 19 | - , to //-0-83 | . 19, that (1) (w) lost |
| TTE price pr | | store (1) we (day and go | the body ofter deaths | ond that I (my) our) opinion | deoth occurred on the date and had | ur and from the couses stated |
| OR ATI | | Thys/GN/HAURE ///// | The body oner dealing | DEGREE | | 22c DATE SIGNED |
| T Pool | | X drustavI | 10.0 | ATTENDINA . | MEDICAL STAFF | 81-0-0 |
| State de de | - | THE PROPERTY AND AND THE | range ver | PHYSICIAN 22e ADDRESS | DIRECTOR PHYSICIAN | 0 00 |
| HOSPITA ouned by FUNERA ould be de th the Star | | 10. 110 11 | | 12 P. / / | . 11.1 n | - 11 111 - |
| TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined the Store I IMPORTANT; if | | Hrnold G. Ale | xander | 1300 Ritch | ie Highway Hi | mold, Md. 210 |
| D = D + 3 8 + | 23a | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c. | NAME OF CEMETERY OR CREMATORY | 23d LOCATION | 0 |
| BP | | CremATION | 111 -9-85 1 | DESTUIPED/ CON | 1. WOSTILDIA | 1 COURTS A SIM |
| 50000 | 24 F | UNERAL DIRECTOR | (0) 017 | -0111C 1250 DA | TE REC'D. BY REGISTRAR 25b. REGIS | TRAR'S SIGNATURE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | F | BAPPONION I | - 1 50 Months | CHIE THUYDY | 2 10951 10 1 | |
| (400 13, 4) | 1 | TINNHUCU T | · II. CEUTO | 10 UV DIN | and the day | Holland Browlage |

GARGER D Industriana C Ballings L Hold (Parker) The production of the second second second second cast for the sample of the second BARRAGO TIME TO A TOTAL STATE OF THE STATE O

| 316064 | 1 | FOR - STATE REGIŞTRAR | DEPARTMENT OF H | OF MARYLAND EALTH AND MENTAL HYGIE ICATE OF DEATH | NE REG. NO | 299 | 9 4 |
|--|-------------|---|--|---|---------------------------|--|-------------------|
| oy be depth |) (IVI | CEASED NAME FIRST E OR PRINT) | | HUDCK | 20 DATE OF DEATH M | -4-82 | BP M |
| oge 4 m | 3 SI | MALE | White 3 | -13-12 | 73 | YRS DAYS | HOURS MIN. |
| deoth. P | D | IRTHPLACE (STATE OR FOREIGN COUNTRY) ATU GN d ITY OR TOWN OF DEATH | MARRIEL WIDOWE 11. NAME OF HOSPITAL, NURSING HOME O | DIVORCED DIVORCED | Anne 120 USUAL OCCUPATIO | Arundel | Co. MD. |
| ofter ny the | 1050 | AL RESIDENCE IN HURSING HOME OR | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AND HTLD OF LAD DITHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI | 01 . 110. | type of work for most of | WORKING LIFE) INDUSTRY | BUSINESS OR |
| (6)12 | 130. | STATE 136 COUN | | 13d INSIDE CITY LIMITS? I YES NO [] | | THYENUE | 21403 |
| 一款 ³ | 1 | SECTOR VE | | Ethel 17 INFORMANT | MIDDLE | | er |
| and the state of t | - | LI CAUSE OF DEATH (Sales of | y one couse per line for sq. (b), and (c) | Golda B. | Hallock | same as | ATE INTERVAL |
| ding phys arbomade or remove | | PART I. DEATH WAS CAUSE | BY: E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF | ony Ins | afficien | 1 | an |
| by the attended of central control of central control other troums | | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE OF | D | | ' ly | ran |
| the square the plant of the blant of the blant | NOI | | onditions <u>contributing to death</u> but | | | | |
| The bear and the b | CERTIFICATI | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION | | YES NO | 206 IF YES, WERE FINDING IN CERTIFYING CAUSES O YES [] | GS USED OF DEATH? |
| SICIAN ing phys certico hernal hy hernal hy | 7 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 216 INJURY OCCURRED | | 216 HOW INJURY OCCURRED | D (ENTER NATURE OF INJURY | IN ITEM 18 PART I OR PART 2) | |
| DING PHO or other this on the billhoud A | MEDIC | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY OFFICE, FARM ETC.) | STREET | CITY OR TOW | 85 | STATE |
| R ATTEN RECTOR, wed for us part, of He wm 21 is | | saw the deceased alive an above (1) we yild (did no 22b. SIGNATURE | view the body after death. | d that in (my) (o'ur) apinion de | oth occurred on the dat | | |
| HOSPUAL OF The FUNEAL DISTRIBUTE DE CHRONICAL DE CHRONICAL DE CHRONICAL THE STORE DE CHRONICAL D | + | 22d. PHYSICIAN S. NAME (TYPE O | W Colum | ATTENDING PHYSICIAN X | MEDICAL STAFF | 11/2 | 185 |
| TO HOS | 230 | ENSE BURIAL, CREMATION, REMOVAL | 23b DATE 23c NAME OF CI | 51 FRAN | KUN ST 123d LOCATION | ANNTH | Ind, |
| BP DHMH - 16 60M 7/B4 | 24 | DYECIFY) OUT OF THE CONTROL OF THE | Nov. 7, 1985 HILL | crest 250. DWA | HONGE OF LANGE | S AA | ME STATE |
| (VRA 15, 4) | 110 | War Tineno | Chapel - Annon | Tie MI) IND | - COS 1 O C | 1 | |

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Wandand I (15) X Home Pruddel Co. [the state of the s A TRACE OF BUILDING STATE OF BUILDING Toin The base Susie ... Alberta ATT PASPORT PROTOTOR TOOK SC USE THE ON waste and some was here to be a some of the A THE CALL COMPANY OF THE STATE OF THE in the state of th Self Devent Language at 1987 AVUSTONIA WIT ONE WATER OUT TO THE PARTY OF THE PARTY OF THE PROPERTY OF THE PARTY ما والعالم ame it growth logged 2 decreased roll all

| 226402 | 1- | FOR STATE REGISTRAR | DEPA | STATE OF MARYLAND RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH | | 2 9 9 | 98 |
|--|---------------|---|--|--|---|------------------------------------|---------------------------|
| 336102 | 1. DEC | EASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH | | YEAR 26. HOUR Notes |
| nay be page 3 | | dssil3 | eth | Hartley | | | 35 /L M |
| ctor, po | 3. SEX | emale (| ACE ALICASION | 5. DATE OF BIRTH MONTH DAY YEA OF THE PROPERTY OF THE PROP | man () | RTHDAY] IF UNDER MONTHS YRS | DAYS HOURS MIN |
| The ga garage | 7a. BIF | RTHPLACE ISTATE OR FOREIGN 76 C | CITIZEN OF WHAT COUNTE | Y? 8 | 9 BALTIMORE CITY | OR COUNTY OF DEA | ATH |
| neroll n 72 | 100 | PIN YORK | U.S.A. | MARRIED NEVER MARRIE WIDOWED DIVORCE | - 1-0-0 | -rund | EL MD. |
| ofter d by the fu filed with | 10 CT | Y OR TOWN OF DEATH II. | NAME OF HOSPITAL, NUR | SING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPA TYPE OF WORK FOR MOST | | KIND OF BUSINESS OR USTRY |
| .ND 2120 24 hours filled in b ould be fil | USUA | RESIDENCE IF NURSING HOME OR OTHER | ER INSTITUTION GIVE RESIDENCE BE | DWN DI34 INSIDE CITY LIM | 130 STREET ADDRESS | rarco | 21146 |
| ARYLAN Thin 2 Short short | T4 FA | THER'S NAME MIDDI | IE] LASTY | 15 MOTHER'S MAID | EN NAME MIDDLE | 11- | مالاس المالات |
| ORE, MA | | (AS DECEASED EVER IN U.S. ARMED | | CURITY NO. 17 INFORMANT | Um Hack | PIC PI / SAI | ME AS |
| | | NO - | - 12174 | 60466 | Oliv FIRM | HA | APPROXIMATE INTERVAL |
| ST., BA | | 18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C | VENTRICU | LAR ASYSTOLE | | BE | TWEEN ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low require that the difference of competity filled in by as the buriol storist permit. Then old sensitioned has been signed by the difference of the buriol storist permit. Then old senses of the buriol storist permit. Then old senses of the buriol storist permit is should be fill the ond Memol Hygiene prior to buriot senses of the medicol examiner militable fill or ked or frem 18 shows any injury, or other troumatic event, the medicol examiner militable has a corked or frem 18 shows any injury, or other troumatic event, the medicol examiner militable has a corked or frem 18 shows any injury, or other troumatic event, the medicol examiner militable has a correct militable has been as a constant of the medicol examiner militable has been as a constant of the medicol examiner militable has been as a constant of the medicol examiner militable has been as a constant of the militable has been as a constant of the medicol examiner militable has been as a constant of the medicol examiner militable has been as a constant of the militable has a constant of the militable has been as a constant of the militable has a constan | | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSE | SIVE CARDIOVAS DUENCE OF TES MELLITUS, | TYPE 11 | | 1970 |
| RDS, 20 | z | PART 2 OTHER SIGNIFICANT CON | IDITIONS CONTRIBUTING | O DEATH BUT NOT RELATED TO TH | | | // 1 |
| L RECORDS The law requirements be been signed by the permit. The permit is the perior to the same perior to | CERTIFICATION | 1. CVA WITH RT | HEMIPARES | IS. 2. INFARCT | CEREBR 200 AUTOPSY? YES \(\text{VES} \(\text{VX} \) | 206. IF YES, WERE IN CERTIFYING C. | |
| N OF VITA SICIAN: TH ang physicie certificate rical-transit frem 18 she | | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. | DAY YEAR | OCCURRED JENTER NATURE OF INJ | URY IN ITEM 18, PART 1 OR P | 'ART 2] |
| VISION OF VI | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF | 211 LOCATION | CITY OR TO | OWN COUN | NTY STATE |
| DIVIS DING P or offer se as the olth and marked | 3 | 220 I certify that (I) (this hospital) | attended the deceased fra | SEPT | 70 to NOV | 1985 | , that (I) 4me) last |
| OR ATTENDIO OR ATTENDIO DIRECTOR: P sched for use Dept. of Heal | | saw the decoded alive and cobove, (1) (we) (did) (did not) vi | W 19 | 285 , and that in (my) (author | ppinion death accurred on the | | am the couses stated |
| AL OR y the hy the hy of the hy of the hy of the hy of the he of the Dep | | 226 SIGNATURE TAMES | J. Could | | DING MEDICAL ST. | AFF | . DATE SIGNED |
| TO HOSPITAL of retained by the TO FUNERAL IS should be detained with the State LIMPORTANT: If | | FRANCIS I. CO | DDD M.D. | 674 RIJ | TCHIE HGWY, | SEVERNA | PARK MD |
| PP | 23a. B | URIAL, CREMATION, REMOVAL 2 | 36. DATE 11-23-85 | 31. NAME OF CEMETERY OF CREMA | TORY 23d LOCATION COLOR TOWN | Burnie | A. A. A. MD |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | 24 FL | INERAL DIRECTOR NAME RANCO - F | H SO MODRES | RITCHIE HUN | So DATE REC'D. BY REGISTRA | R 25b. REGISTRAR'S S | IGNATURE 4 |

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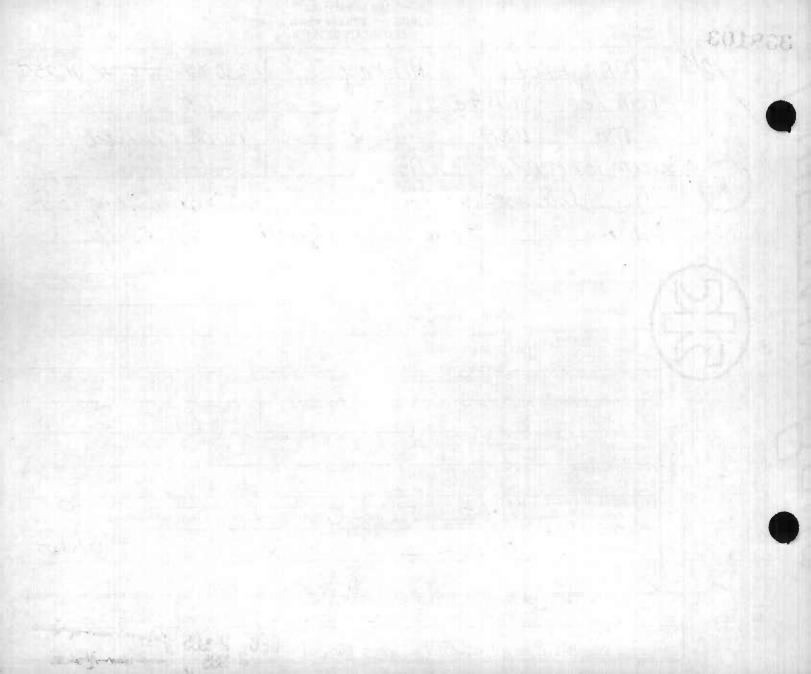
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STATE OF MARYLAND

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STATE OF MARYLAND

| DEPARIM | CERTIFICATE OF DEATH | REG. NO. | | | |
|----------|----------------------|--------------------------------|-----------------|---------------|-----|
| 3-1 | LAST | 20 DATE OF DEATH MONTH | DAY YEAR | 26 HOUR | |
| | HOCK | November 3, 1 | .985 | 1:304 | M |
| | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 H | RS. |
| | January 11,1907 | 78 YRS | MONTHS. DAYS | HOURS M | IN, |
| COUNTRY2 | R | RAITIMORE CITY OR COUR | TY OF DEATH | | |

White Th CITIZEN OF WHAT

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

MARRIED X NEVER MARRIED WIDOWED DIVORCED

Anne Arundel County 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR

TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Own Home 13e.STREET ADDRESS / ZIP CODE

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c. CITY OR TOWN Anne Arundel Severna Park Maryland

4 RACE

Mitchell

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

394 Magothy Road

M.

U.S.A.

15. MOTHER'S MAIDEN NAME Catherine

134 INSIDE CITY LIMITS?

394 Magothy Road

Dah 1 AST

21146

Charles

14 FATHER'S NAME

FOR

- STATE REGISTRAR DECEASED NAME

TYPE OR PRINTS

Female

TO BIRTHPLACE ISTATE OF FOREIGN

Maryland

10 CITY OR TOWN OF DEATH

Severna Park

3. SEX

60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)

16h SOCIAL SECURITY NO

17 INFORMANT Henry F. Hock Sr. ADDRESS

(YES, NO OR UNKNOWN) No

PART I. DEATH WAS CAUSED BY

FIRST

HELEN

217-52-2112 18 CAUSE OF DEATH (Enter only one cause per line Au

IMMEDIATE CAUSE (C

Same as # 13

Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.

DUETO, OR AS A CONSEQUENCE OF

190 DATE OF OPERATION

PART 2 OTHER SIGNIFICANA CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

CERTIFICATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M. MONTH DAY P.M.

YEAR

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d INJURY OCCURRED NOT WHILE

21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, E

CITY OF TOWN COUNTY

saw the deceased offer on above. (1) we) (did) (did not

22a I certify that (1) (this hospital) attended the

ATTENDING" PHYSICIAN X

III LOCATION

MEDICAL DIRECTOR PHYSICIAN

aur) apinion death accurred on the date and haur and from the causes stated

STATE

230 BURIAL CREMATION, REMOVAL

Cremation

23b DATE

236 NAME OF CEMETERY OR CREMATORY Westview Crematory

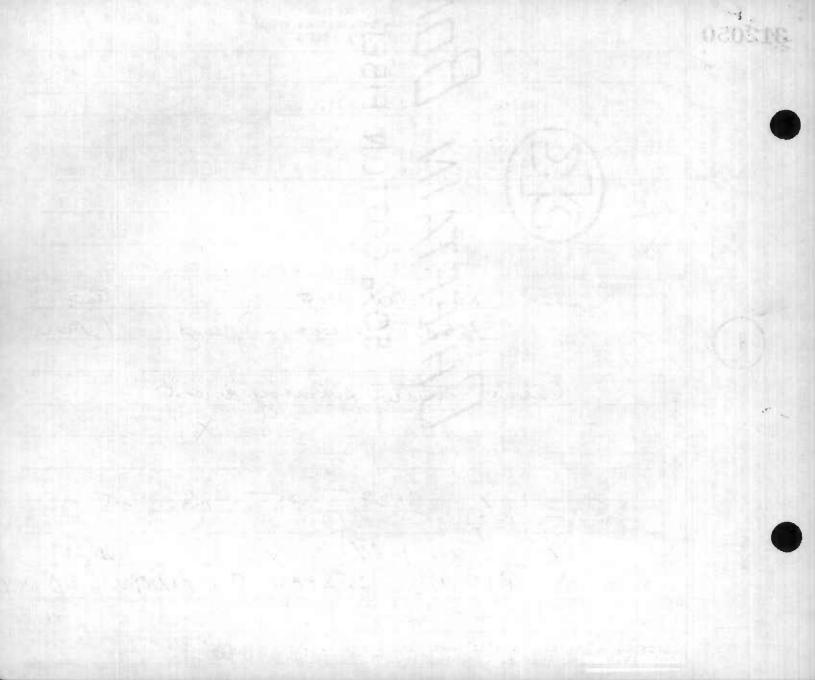
ITY OR TOWN Catonsville Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

Lergy M. & Russell C. Witzke Puneral Homes P.A 1630 Edmondson Avenue, Catonsville, MD 21228

11/4/85

250 DATE REC'D. BY REGISTRAR 256 REQISTRAR'S SIGNATURE



| 件. | 1 - STATE REGISTR |
|--|----------------------|
| 345025 | I. DECEASED IN |
| A STATE OF THE STA | 3. SEX |

STATE OF MARYLAND

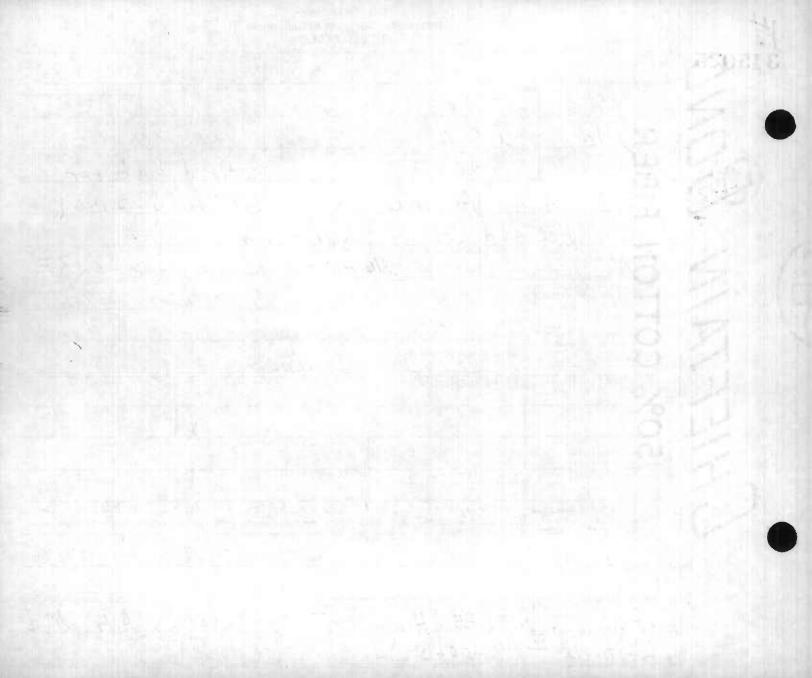
| | The state of the s | | | | | | |
|-----------|--|---------|--------|---------|--|--|--|
| EPARTMENT | OF HEALT | TH AND | MENTAL | HYGIENE | | | |
| CE | RTIFICA | TE OF I | DEATH | | | | |

| | REGISTRAR | | CERTIFICATE OF DEATH | REG. N | |
|---------------|---|--|---------------------------------------|-----------------------------|--|
| | CEASED NAME FIRST | WIDDLE | LAST | | MONTH DAY YEAR 26 HOUR |
| | HAN | ERU NMN | HOLLAND | | 11-27-85 92 M |
| 3. SE | × | 4 RACE QUALTE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIR | THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
| 1 | MALE | DLACK | 07/04/04 | 81 | YRS. |
| | OUNTER THE OF THE CA | 76 CITIZEN OF WHAT COUNTRY? | MARRIED TNEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH |
| - | 110 | 4,5,4 | WIDOWED DIVORCED | ANNE | ARUNCIEC MO. |
| 100 | TY OR FOWN OF DEATH | (IF NOT IN SUCH SACILITY, GIVE STREET | NG HOME OR OTHER INSTITUTION ADDRESS) | 120 USUAL OCCUPATA | ON 126. KIND OF BUSINESS OR FWORKING LIFE) INDUSTRY |
| 1 | NOW POILS | AHGH | | VietIFed | LABOTET |
| | AL RESIDENCE IN NURSING HOME STATE 136 CO | OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 130 CITY OR TOW | N 134 INSIDE CITY LIMITS? | 130 STREET ADDRESS | ZIP CODE |
| 11.9 | ATYER'S NAME | 1 TTI YNYMY | 15 MOTHER'S WAIDEN N | IAME | 74-21401 |
| 1 | tenty Ho | LLAND ST. | MNTINO | MIDDLE | LAST |
| The N | NAS DECEASED EVER IN U.S. A YES NOORINIMOWN) (IF YES C | RMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES) 219-05 | - 4516 HATTIE | Halland | SAME AS 13E |
| | PART I. DEATH WAS CAUS | anly ane cause per line far 19 161. | dicy// | + 1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | ATE CAUSE (o) | udall Cherral | ully ocallo | um 8dayo |
| | | DUE TO, OR AS A CONSEQUE | ENCE OF | 4 | 1. 4 |
| | Conditions, if any, which gave rise to immediate | (b) 4ma B | unge Caracomy pa | My | mould |
| | couse (a), stoting the underlying cause last | DUE TO, OR AS A CONSEQUE | ENCE OF | . 4 | |
| | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | EATH BUT NOT RELATED TO THE TER | OND | |
| Z | T ART 2 OTTER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TEN | MINAL DISEASE OR CON | DITION GIVEN IN PART TO |
| CERTIFICATION | 194 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FINDINGS USED |
| TIFF | | | | YES NO NO | IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| | 71s, ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY HOUR A.M. MONTH DA | 216 HOW INJURY OCCU | RRED (ENTER NATURE OF INJUR | TY IN ITEM 18 PART I OR PART 2) |
| MEDICAL | CH CONTRIBUTING CAUSE OF D | (military) | 19 | | |
| MED | 114. INJURY OCCURRED | 210 PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, F | ARM ETC.) 211 LOCATION STREET | CITY OR TO | NN COUNTY STATE |
| | AT HORE AT HORA | | | 2 | |
| 9 | saw the deceased alive a | in | 85, and that in (my) (and opinio | death accurred on the do | te and hour and from the causes stated |
| | 22b. SIGNATOLE | view the body after death. | DE DEGREE | | 271. DATE SIGNED |
| 8 | In more | ut Il Mulles | ATTENDING PHYSICIAN | MEDICAL STAF | |
| | THE PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e ADDRESS | T THE TOTAL OF THE SECOND | 11/2/100 |
| | | | | | |
| 233 | SURIAL CHEMATION, REMOVA | 1 236 DATE 236 N | NAME OF CEMETERY OR CREMATORY | 23d, LOCATION | 1 1 1 1 1 1 |
| D | UFJAL | 11-30-B5 H | ILLCTEST | ANNADO | LIC AND MIN |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. with the State Dept. of Heo

250 DATE REC'D. BY REGIS RAR 256 REGISTRAR'S SIGNATURE

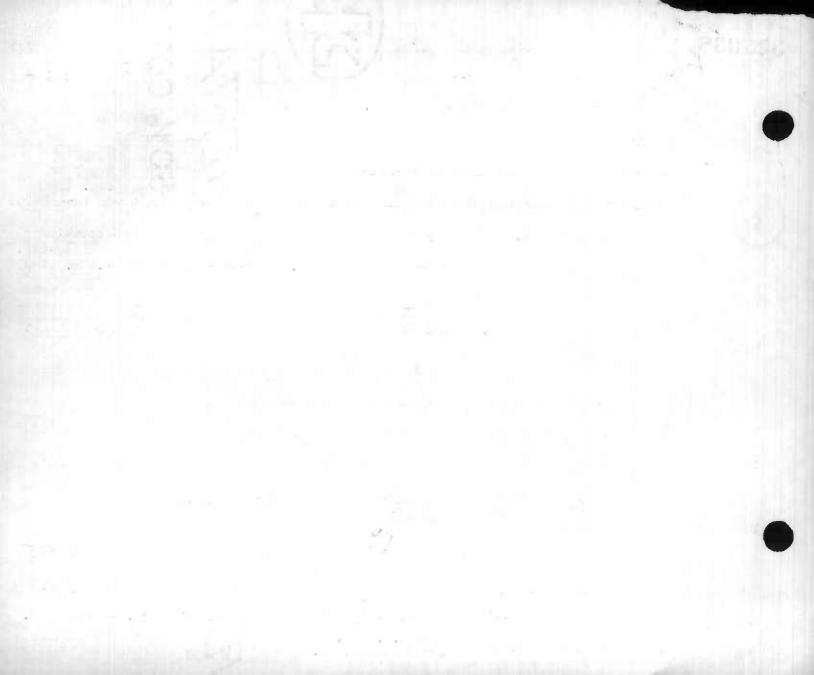


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| 9 | | FOR |
| и | wite | STATE |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | REGISTRAR | | | | | | REC | 3. NO. | | | |
|-----|---|----------------------------|------------------------|-------------|---------------|-------------------|------------------------|--------------------|----------------------|-------------|----------|
| | DECENTOED INVINE | FIRST | MDDLE | L | AST | | 2a. DATE OF DEAT | H MONTH | OAY YEAR | Zb. HOU | JR |
| | (TYPE OR PRINT) | ULINE | R. | HOI | PKINS | | 16 N | OU 198 | 55 | 9:41 | AM |
| 3 | SEX | 4 RACE | | 5. DATE O | | | 6. AGE (IN YEARS LA | ST BIRTHDAY) | IF UNDER TYEA | | 24 HRS. |
| Ţ | Female | CW | hite | Nov. | | 1899 | 8 | 35 YRS | Ind. titis | HOURS | MIN. |
| Ti | BIRTHPLACE (STATE OR FOR | EIGN 76 CITIZEN OF | WHAT COUNTRY? | 8 | □ NEVED | MARRIED - | 9 BALTIMORE CIT | Y OR COUN | TY OF DEATH | | |
| W | | OC USA | | WIDOWE | | NORCED | An | ne Arui | nde1 | | MD. |
| | CITY OR TOWN OF DEATH | | OSPITAL, NURSING | | ROTHER IN | NOITUTION | 17a USUAL OCCU | | 126. KIND INDUSTR | OF BUSIN | ESS OR |
| 7 | Annapolis | | rundel Ho | | a1 | | | sewife | | home | |
| | SUAL RESIDENCE (IF NURSING | | | ADMISSION) | | CITY LIMITS? | 13e STREET ADDRE | SS / 7IP CO | ne apt | . 23 | |
| | Maryland | | Silver Sp | | YES X | NO 🗌 | 1702 Ham | | | Lane | 2090: |
| 小 | L FATHER'S NAME | WIDDLE | LAST | | 15 MOTHER | S MAIDEN NAM | AE MIDD | | | AST | |
| Ŋ | John | A. | Ryan | | Pau | line | olg | | | enkin | ney |
| 51 | WAS DECEASED EVER IN | U.S. ARMED FORCES? | 166 SOCIAL SECUR | RITY NO. | 17. INFORM | ANT | | DRESS | E | dgewa | ter, |
| 4 | | JU 1 | 578-09-37 | 775D | Georg | e A. For | cd-son- 9 | 11 Sho | re Dr. 1 | Md. 2 | 1037 |
| F | 18 CAUSE OF DEATH | Enter only one couse per | line for (o), (b), and | (C) | | | | | APPRO BETWEE | XIMATE INTE | RVAL |
| 1 | PART I. DEATH WAS | CAUSED BY | Cor | pul | MONO | le | | | 7 7 | | |
| | | | AS A CONSEQUE | JCE OF | | | | | | | |
| | Conditions, if ony, w | hich (16) | AS A CONSEQUE | 5 | | | | | 6. | -IZm | 105 |
| Т | gove rise to immed couse (a), stating | | AS A CONSEQUE | ICE OF | | | | | | | |
| | | lost (c) | AS A CONSECUE | ACE OF | | | | | | | |
| 1 | PART 2 OTHER SIGNIF | ICANT CONDITIONS CO | NTRIBUTING TO D | EATH BUT | NOT RELATE | D TO THE TERMI | NAL DISEASE OR C | ONDITION | IVEN IN PART | lio | |
| | 190 DATE OF OPERATION | | | | | | | | | | |
| 7 | 190 DATE OF OPERATIO | IN IS CONDI | TION FOR WHICH (| PERATIO | WAS PERF | ORMED | 20a AUTOPSY? | | ES, WERE FIND | | |
| 4 | | | | | | | YES NO | | YES [| NO [| |
| | | 110110 11 | | V VEAD | 21c HOW I | NJURY OCCURR | ED (ENTER NATURE OF | INJURY IN ITEM 1 | B PART I OR PART 2) | | |
| | OR CONTRIBUTING CAL | SE OF BEATH | | 19 | | | | | | | |
| | OR CONTRIBUTING CALL THE EITHER NOTIFY MEDICAL 21d INJURY OCCURRED | | OF INJURY | Gas 57C 1 | 211 LOCAT | ION | CITY | OR TOWN | COUNTY | | STATE |
| | WHITE NOT WHITE | | EL PACIONE OFFICE PA | KM EICI | | | | | | | |
| | 22a.1 certify that Oth | nis hospital) attended the | | 1 Jan | , | 19 35 | 10 15N | U | 19 85 | , that (h (| we) last |
| | sow the deceased above. (1) (we) (did | olive on 15 Nou | olter death | 5 on | d that in (my |) (our) opinion d | leath occurred an tl | ne date and h | our and from th | e causes st | oted |
| | 778 SHENATURES | 01/14 | | | DEGREE | | | | 22c. DAT | ESIGNED | |
| | William | Aldersen | MD der 1 | M.S. | hussty | PHALOAN D | MEDICAL DIRECTOR PH | STAFF YSICIAN [| 161 | LOUPS | 85 |
| | 124 PHYSICIAN'S NAM | E ITHERENIE | | | 22e ADDRE | 8% | ۸ | - 1 | 11.11 | | |
| | William | J. Octo | en, M.D. | | 3611 | Branch | Ave le | Emple 1 | Nills, 1 | RODE | 0748 |
| 2 | 30 BURIAL, CREMATION, RE | MOVAL 236 DATE | 23c N. | | | CREMATORY | 23d LOCATION | | 10.15 | | |
| | Burial | 11-19-1 | 1985 For | rt Li | ncoln | Cemetery | Brent | wood P | r. Geor | ges | Md. |
| | FUNERAL DIRECTOR | 1 77 | 11800 N | и.н. | Ave., | 25a. DATE | REC'D. BY REGIST | RAR 251 REGI | STRARISSIGNA | TURE | 12. |
| H.: | ines/Rinaldi | runeral Home | Silver | | | · NU | V 1 9 1989 | 5 | ARMON MORAL | | |

DHMH - 16 50M 4/83 (VRA 15, 4)



Joins. Elle James Company of James Andrews Company Com ellegenalt or of egostation (Com at a fact to foreigners) AV not probably not part of board N not probably city do not I some

ADDRESS MRS. AUDIE L. HURLEY (WIFE) SAME AS # 13 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) COUNTY CITY OR TOWN STATE and that in (my) (our) apinion death occurred an the date and have and from the causes stated 220 DATE SIGNED DIRECTOR PHYSICIAN 7845 OAK ROOD ROAD GLEN BURNIE, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL NOVEMBER 25 BURIAL GLEN HAVEN MEMORIAL PK GLEN BURNIE A.A. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE SINGLETON FUNERALHOME, GLEN BURNIE, MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

12b. KIND OF BUSINESS OR

SHIPKOWSKI

BD of ED. A.A.CO

21061

IF LINDER 24 HRS

22,

1985

IF UNDER 1 YEAR

INDUSTRY

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

333105

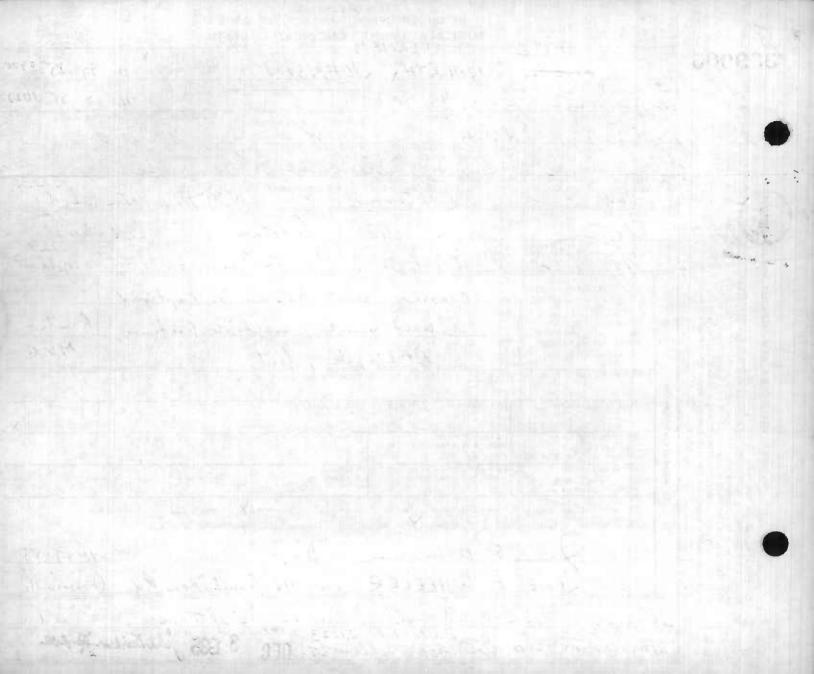
- STATE

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 346179 DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTS IF UNDER I YEAR 1: 5EX 4 RACE AGE (IN YEARS LAST BIRTHDAY) Female Black 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED /Kentucky WIDOWED DIVORCED (TYPE OF WORK FOR MOST OF WORKING LIFE) COOK AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIO 136 COUNTY 13e STREET ADDRESS / ZIP CODE 12801 (4/4DIS Rd 20135 NO T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Spot Penman Trumbo ADDRESS 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Clinton, Md. 404-22-4445 Hattie Claybrook; 12801 Glynis Rd CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY w serrunes IMMEDIATE CAUSE 10 DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART ?] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY TH LOCATION COUNTY AT HOME, STREET FACTORY, OFFICE, FARM BILL CITY OR TOWN STATE NOT WHILE 220.1 certify that the this haspital attended the deceased from $\frac{1}{27}$ Nov 85 and that in Imp (inur) opinion death accurred on the date and have and from the causes stated obgre (I) (ww) fold) (did not) we 226. SIGNATURE DECREE 22¢ DATE SIGNED ATTENDING MEDICAL Nov 28,1985 PHYSICIAN DIRECTOR PHYSICIAN , Suite #210 27e ADDRESS 77 West Street John Lowe Annapolis, Maryland 21401 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION CITY OR TOWN STATE Removal Smith-Jackson F/H 11-30-85 Danville FUNERAL DIRECTOR Marshall's Funeral Home 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 4217 9th St NW: Washington, D.C. (VRA 15, 4)

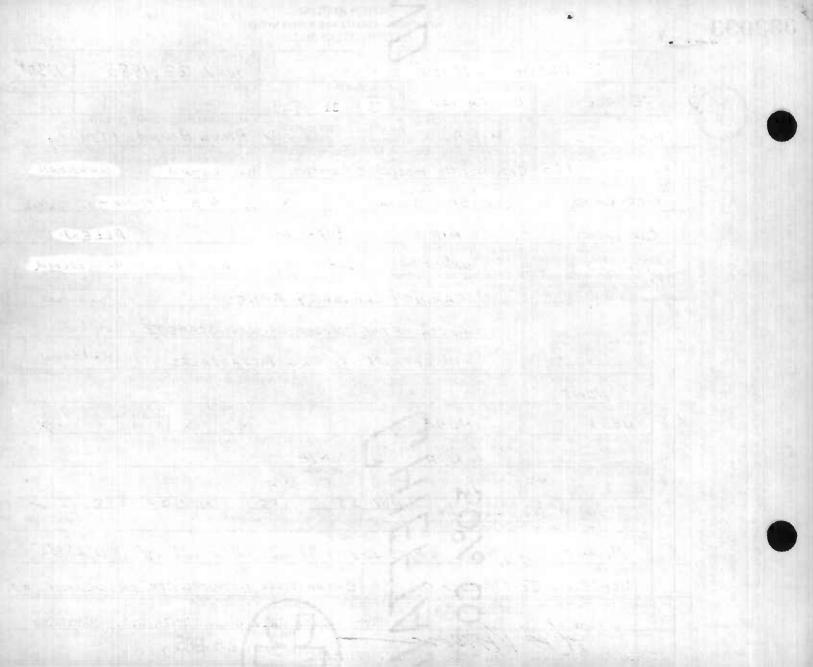
STATE OF MARYLAND

| 329099 | FOR STATE REGISTRAR | DEF | STATE OF MARYLAND ARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT | | 30009 |
|--|--|---|--|--|--|
| | V DECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONT | H DAY YEAR 25 HOUR |
| poge 3 | Judit | h Ann | Jacobson | 11-13-85 | 1730P M |
| ge 4 mo | Female | Cau | S. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) 40 Yrs | FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| neral dir | 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania | 75. CITIZEN OF WHAT COUP | MARRIED NEVER MARR | | |
| 1 | Fort Meade M.D. | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Kimbrough Ar | | | 12b. KIND OF BUSINESS OR |
| FYLAND 2120 | USUAL RESIDENCE (IF NURSING HOMI 130. STATE 135. CC | OR OTHER INSTITUTION, GIVE RESIDENCE 13c. CITY OF | | MITS? 13. STREET ADDRESS | 1 |
| | 14 FATHER'S NAME FIRST Ralph | MIDDLE LAS | T IS. MOTHER'S MAI | | Smith LAST |
| W See See See See See See See See See Se | IN WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (# YES, | ARMED FORCES? 16b. SOCIAL GIVE WAR OR DATES) | SECURITY NO. 17. INFORMANT | ADDRESS Richardson-Fort M | |
| DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BA NG PHYSICIAN: The low requires that the death certificat ottending physician that this certificate has been signed by the ottending physis sthe buriol-transit permit. Then please remove carbon pop- th and Mental Hygiene prior to burial, cremation, or remova arked or kem 18 shows any injury, or other purposite event, and the statem of the statement of the stateme | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) | SEQUENCE OF | HE TERMINAL DISEASE OR CONDITIC | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ALRECO ALRECO ALRECO ION ION IN PERMIT. INTERPREDATO TOWN CANY | I 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196. CONDITION FOR V | HICH OPERATION WAS PERFORMED | 200 AUTOPSY? 200 IN | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) |
| PHYSICIAN: This certificate buriol-trons and Mental Hygin do wenter 18 st | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN | DEATH HOUR A.M. MONTE | | OCCURRED (ENTER NATURE OF INJURY IN IT | EM 18, PART 1 OR PART 2) |
| DIVISK NG PH Offer this os the b th ond I arked o | WHILE ON NOT WHILE O | (AT HOME, STREET, FACTORY, C | OFFICE, FARM, ETC.) STREET | CITY OR TOWN | COUNTY STATE |
| A ATTENDI hospital or RECTOR. A eed for use pp. af Heal | | spital) attended the deceased on not) view the body after death. | | opinion death accurred on the date of | , 19 , that (I) (we) lost and hour and from the causes stated |
| by the hos by the hos ERAL DIREC e detoched Stote Dept. | 224. PHYSICIAN'S NAME (TY | 'Cy Whan | | DING MEDICAL STAFF | |
| etoined TO FUNS should be with the | DR. TARO | KHAN | MD. KIM | BROUGH ARMY HOSP' | r. Fr. MEADE, Md. |
| BP_1418 | 230. BURIAL, CREMATION, REMOV (SPECIFY) REMOVAL | 23b. DATE 11-16-19 85 | 23c. NAME OF CEMETERY OR CREM ANATOMICAL BOAR | D BALTIMORE | BALT. CO. Md. |
| DHMH - 16 25M (VR A 15 (4)) 9/74 | 74. FUNERAL DIRECTOR W. W. CHAMBERS | S CO. RI | VERDALE, Md. | 250. DAVE REC D. BY REG 1983 56. 5 | EGIS,TRAR'S SIGNATURE 1 |

| | 1 | DEPARTMENT OF HEAVY AND | |
|--|---------------|--|---------------------------|
| 1 | 11- | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE | 7 |
| X | 44 | REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH | |
| Tocopo | | DECEASED NAME A DELE MODIS HERMAN LAST 20. DATE KNOWN PI | MONTH CAY YEAR 126 HOUR |
| JUSTUR | O (11) | SUZARETH. JOHNSON DEATH MATED | V- 6900 |
| E E E E E E E E E E E E E E E E E E E | | | W (50 61 149 11 |
| 품드트로 | 3 SE | The state of built and | MONTH DAY YEAR 2d HOUR |
| 22583 | 1/0 | THOUSE MIN TROUTED | 11 27 1985 1022 |
| Na z z z z | 1 70.3 | BRITING ACE DIALES 76 CITIZEN OF WHAT COUNTRY? IS ! BALTIMORE CITY OR | |
| 1000000000000000000000000000000000000 | / | MARRIED LI NEVER MARRIED L | 2 |
| 要5%32 | 11 | WIDOWED DIVORCED 4. G. | 60. MD |
| NAME: | 011/5 | AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF | WORK 126 KIND OF BUSINESS |
| 大力を開め | 1014 | CHEACILITY GIVE STREET ADDRESS CO. BUTTON GRANDS OF WORKING LIFE) | OR INDUSTRY |
| BEZZO. | 2.5850 | TALES CIENCE I WILLIAM OF CHER INSTITUTION GIVE ALCORE ADMISSION | at Konst |
| 8-59×59 | | THE COUNTY IN IOUN 13 HIS CITY AND THE CITY | - 11230 |
| 2 发展是第 | | VES TO NO 1439 Washing | ton (Strd. |
| 見過程性の記 | 20 111 | 15. MOTHER'S MAIDEN NAME | |
| Mactal 25 | 9911 | MIODLE LAST FRET MIDDLE | Last hast |
| 3338 | -4 | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS | JUNEAU STATE |
| S HA SWA | | (YES NO OR QUANOWN) [18 YES, GIVE WAR OR DATES] | 7 21330 |
| PAGEN AL | | NO - SIG-01- 564 Christell Grausman 8 | 30 Mangald It |
| SRS SING | 1 | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) | APPROXIMATE INTERVAL |
| ENDA ST | . / | PART I DEATH WAS CAUSED BY: | BETWEEN ONSET AND DEATH |
| PRESTON ST ITHIN 24 HOV CIL IN ITEM 1 VER ALONG ANSIT PERMI PERMI PERMI PERMOVAL | 3 | 199 IMMEDIATE CAUSE (0) 10350 of Chart France C Parture | |
| PRESTON ITHIN 24 I SCIL IN ITE VER ALON AL HYGIE PERMOVA | 3 | DUE TO, OR AS A CONSEQUENCE OF | 0 7 |
| A AN A A A A A A A A A A A A A A A A A | A P | gove rise to immediate (b) heat was by multiple fracture | A cracks - |
| ₹ 3×5×5×5 | š l | couse (a) stating the under. DUE TO, OR AS A CONSEQUENCE OF | 1 44. 4 |
| 201 W. PRI UTED WITH IN PENCIL EXAMINER EXAMINER ISAL-TRANG ON OF PENCIL | ż | lying cause last | 704 |
| | 2 | (c) | |
| CRATIFICATE SHOULD BE EXECRIBED THE CORDS, SECRIFICATE SHOULD BE EXECRITIVED THE WIELD AS A BUILD BE USED AS A BUILD BUIL | \$ - | PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 to | |
| AS A | 2 0 | | |
| 5 7 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | CERTIFICATION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? |
| SHOUL ORD "F CHIEF E USED | E A | | YES NO D |
| ON OF VITAL! FICATE SHOUL THE WORD "F TO THE CHIEF ACULD BE USED ACUTO B | E - E | 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216, HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PAR | 7 |
| A HE WEN | | | (ORPARI 2) |
| S FF C S F S | 5/5 | CONTRIBUTING CAUSE OF DEATH P.M. 19 | |
| DIVISION OF VIT SCERTIFICATE SH ROED TO THE CY SE 3 SHOULD BE L ON TO BE PREMENT OF | MEDICAL | 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211, LOCATION STREET, FACTORY, FARM, ETC.) 21d INJURY OCCURRED | HATHER THE CIT |
| PIN | 2 | WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN | COUNTY STATE |
| F. 38 8 8 2 | | | |
| EXAMNER: CERTIFICATI ULD BE FOR DIRECTOR: | 2 | 228 I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and it | n my apinion |
| ME HOLL | 5 | death resulted from: Natural causes Accident Suicide, Hamicide Undetermined monner, | |
| EXAM CERTICOERTICO DIRECTOR OF THE CANADA | ¥ | TITLE (SPECIFY) | |
| MO3012 | \$ | ACTUAL S / / | DATE //. 17 - 45 |
| SHOW SHOW | W T | SIGNATURE | SIGNED // -) |
| S S S S S S S S S S S S S S S S S S S | £ /1 | EXAMINER'S NAME TO - E 1. SUFFIED | (. " |
| TO MEDICAL EXAM EXECUTE THE CRETTE FOR A SHOULD BE TO FUNERAL DIREC AFITE DEATH, WITH | | (TYPE OR PRINT) JAMES L WHEELER ADDRESS !! 6 Dumbolon No | - (rowarville |
| 522543 | 230.1 | BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 DOCATION COLOR OF COMME | COUNTY C STAVO |
| 07/84 BP | 0.77 | Lurial 12-2-1985 Holy Gedeener Galtomore. | hit. |
| 25M | 74 | | AR'S SIGNATURE |
| DHMH - 17 | 1 | UNERAL DIRECTOR CONTRACTOR ASSESSED DATE RECIDENTER 12 SEGISTION OF THE S | widow fandelle |
| (VR A15 ME (5) | 111 | The got species of the | 3 |



| 333093 | 1. | FOR STATE REGISTRAR | • | | DEPART | MENT OF H | OF MARYLA | MENTAL HYG | GIENE | S REG. N | 3 | 0 0 | |
|--|----------------|---|---------------|------------------|--|--------------------------|-----------------------|------------------------------|-----------------|---------------------------------------|-------------------|------------------|----------------------------------|
| | | EASED NAME | FIRST | | MIDDLE | i. | \ST | | 2a. DATE | OF DEATH | MONTH [| AY YEAR | 26 HOUR |
| 3 75 | (TYPE | OR PRINT) | LORIA | ř | MARIE | JOH | INSON | | N | OV. 2 | 3,19 | 85 | 1:30 M |
| 1 | 3. SE | | _ | RACE | | 5. DATE C | | | 6. AGE | IN YEARS LAST BE | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| - 1/10 | | FEMALE | | TIHW | l'E | MARCH | | 1929 | | 56 | YRS | ONTHS DATS | HOURS MIN. |
| 136 | 7a. BI | RTHPLACE (STATE OR FO | OREIGN 7 | | S. A. | ? 8 MARRIEI WIDOWE | NEVER A | MARRIED D | 1 | Ne A | | of DEATH | N+4 MD. |
| 1177 | 1 | TY OR TOWN OF DEAT | тн 1 | (IF NOT IN SU | HOSPITAL, NURS CHFACILITY, GIVE STREE SVILLE H | T ADDRESS) | | | (TYPE OF V | ALOCCUPAT VORK FOR MOST (MAKER | | | HOME |
| The state of the s | USU. 13a. S | AL RESIDENCE (IF NURSINGTATE | 136 COUNT | THER INSTITUTION | 13t. CITY OR TO | ORE ADMISSION) | 13d. INSIDE C | | | ET ADDRESS | | E S.E. | 21061 |
| 1175 | 14. FA | THER'S NAME FIRST | M | DDLE O. | Allen | | IS MOTHER | S MAIDEN NA FIRST NCHE | | MIDDLE | TIVETIC | GALLÓ | ST |
| 1 11 14 4 | | VAS DECEASED EVER | | • | 166 SOCIAL SEC | URITY NO. | 17 INFORMA | | | ADDR | ESS | ONLEDO | WILL |
| Post and Park | (| VES, NO OR UNKNOWN) | (IF YES, GIVE | NE | UNKNOW | 121 | BLANC | HE ALL | EN (M | OTHER) | SA | ME AS- | |
| 1 1111 | | 18 CAUSE OF DEATH | H (Enter anly | ane cause pe | r line far (a), (b), c | ind (c).) | | | | | | BETWEEN | ONSET AND DEATH |
| 4 4811 | | PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO PULMONARY ARREST UNKNOWN | | | | | | | | השנא | | | |
| e death cert e attendi | | Canditians, if any, gave rise to imm | nediate | (b) | CANCER OR AS A CONSEO | OFTAL | BIADD | ER (URI | NARY) | STAG | EIZ | | NowN |
| that that that the sase rather rather | | underlying cause | | (10)_ | WITH RE | TROPE | RITONE | EAL P | TETAS | TASE. | 5 | unk | NowN |
| signed signed hen plucy, a plucy, a | Z | PART 2. OTHER SIGN | | ONDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT RELATED | TO THE TERM | MINAL DISE | ASE OR COM | NDITION GIV | EN IN PART 1 | a |
| no een | ¥ | 190 DATE OF OPERAT | | 196 CONE | DITION FOR WHIC | H OPERATIO | N WAS PERFO | DRMED | 20a A | UTOPSY? | 20b. IF YES | , WERE FINDI | NGS USED |
| he law an. has b t perm tene pr | CERTIFICATION | NONE | | | NONE | 3 | | 19,545 | YES [| NOX | | YING CAUSES | S OF DEATH? |
| YSKCIAN: TI YSKCIAN: TI S certificate burial-transit Mental Hygi | | 210. ACCIDENT WAS UND OR CONTRIBUTING C | AUSE OF DEAT | HOUR A | OF INJURY | DAY YEAR | | JURY OCCUR | RRED (ENTE | R NATURE OF INJ | URY IN ITEM 18. P | ART 1 OR PART 2) | |
| NG PHYSICIA offer this certi- os the burial- th and Menta orked of Tem | MEDICAL | 21d INJURY OCCURR WHILE NOT WH AT WORK AL WOR | NE NI | | OF INJURY TREET, FACTORY, OFFICE | E, FARM, ETC) | 211. LOCATION STREE | | | CITY OR T | OWN | COUNTY | STATE |
| TENDING ital or a OR: Afra or use os f Health | | 220.1 certify that (1) | this hospited | al) attended t | he deceased from | NOV | 23 ad that in (my) | . 19 89 (aur) apınian | | urred on the c | | r and from the | that (1) (we) last causes stated |
| the hosp the hosp to DiRECT the Dept of the Dept of | | above, (1) (wo) (d 22b. SIGNATURE Michae | e) | Je//px | M. D | | DEGREE r of Med | ATTENDING PHYSICIAN (| MEDIC DIRECT | AL STA | | 22t. DATE | 23/85 |
| TO HOSPITAL TO FUNERAL should be det with the State | | 22d PHYSICIAN'S NA MICHAEL | | EFFER! | IES, M.D. | | 22e ADDRES | SS | E HOI | PITAL | CTR. | ROWNS | VILLE , M.D |
| sho of short | 23 a. | BURIAL, CREMATION, | | | | NAME OF C | EMETERY OR | | 23d LC | CATION | - 1 | COUNTY | STATE |
| BP | | (SPECIFY) BURIAL | . / | 19 | | LEN HAY | EN MEM | ORIAL | | | NIE A. | A. MA | RYLAND |
| DHMH - 16 50M 4/82 (VRA 15, 4) | | NGLETON | 46 | 2/11 | 10 Maris | | | 25a. DA | TE REC'D | | R 256 REGIST | RAR'S SIGNA | TURE |
| | 2 | MODETON FO | HEIGH | TIOTHE ! | OTITIVE DOI | TATE ! | " " I TIVI | | | | 17 | | |



| 074 | 1 - STATE REGISTRAR SOPHII | | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG. NO. | |
|-------------------------------------|--|---|--|---|--|
| de of | DECEASED NAME FIRST (TYPE OR PRINT) Soph | | Kanaras | (1 6: | 2 85 3° |
| re Her | Female | WHITE | S. DATE OF BIRTH MONTH DAY YEAR 03 L5 LP9 | 9.5 | FUNDER LYEAR IF UNDER |
| 97 | a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Greece | 76 CITIZEN OF WHAT COUNTRY U.S.A. | * MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE CITY OR COUNTY | |
| 13 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH ACILITY, GIVE STREE LUNE ACUADO | NG HOME OR OTHER INSTITUTION TADDRESS) | SELFORMATION SELFORMATION | 12b. KIND OF BUSINI |
| X26 | Maryland | E OR OTHER INSTITUTION GIVE RESIDENCE BEFO DUNTY 134 CITY OR TOV Baltimo: | NN 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE 104 6th Avenue | 21225 |
| 120 | FATHER'S NAME PIRST Demitri | Christo | poulos 15. MOTHER'S MAIDEN NO. | AME MIDDLE | LAST |
| 20 T | 60 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES | ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 214-74 | | ADDRESS ristopoulos Sa | me as 13e |
| out cremother, a r other trouman | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) | | | 15.5 |
| Then plants to burn in pury, o | Z C | it conditions <u>contributing to</u> | DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIVE | EN IN PART 11a |
| 226 | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | HOPERATION WAS PERFORMED | IN CERTIF | WERE FINDINGS USE YING CAUSES OF DEAT |
| 5334 | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM. 21d INJURY OCCURRED | DEATH HOUR A.M. MONTH | DAY YEAR 19 211 LOCATION | RRED (ENTER NATURE OF INJURY IN ITEM TB PA | ART I OR PART 2) |
| the party | AT WORK AT WORK | (AT HOME STREET FACTORY OFFICE | FARM ETC) STREET | CITY OR TOWN | COUNTY |
| 4 to ven c of Hea n 21 to m | saw the deceased alive abave, (1) (we) (did) (did | (ng) view the body ofter death. | and that in (my) (aur) apiniar | death accurred an the date and have | |
| Hore Dep | SIGNATURE SIGNATURE | Obren | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGNED |
| # the 3 | 231 PHYSICIAN'S NAME (IV | | 220 ADDRESS 1521 R.+ | this Huy Are | slow blo |
| 7 | 30 BURIAL, CREMATION, REMOV | | NAME OF CEMETERY OR CREMATORY Clen Haven Mem Parl | c Glen Burnie | COUNTY |

250. DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

George J. Gonce 4001 Ritchie Hgwy Balto Md

the same state of the same sta be a late at the state of the s of the real and the contract that the bar and the contract of the contract of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

| 000 | 110 |
|------|-----|
| REG. | NO |

| 338071 | 1- | FOR STATE REGISTRAR | | DEPARTMENT OF I | E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH | GIENE S | 30013 |
|--|---------------|---|---|--|---|--|--|
| 1 7 to | TYPE | | alter G. | | NIGHT | 20 DATE OF DEATH November | 76, 1985 85 20 AM |
| (A) | 3. SE: | Male | White | MONI | DF BIRT DAY YEAR 10, 1922 | 6 AGE LIN YEARS LAST BIR | THDAY) IF UNDER 1 YEAR IF UNDER 24 HPS MONTHS DAYS HOURS MIN YRS |
| 1/10 | Noi | RTHPLACE (STATE OR FOREIGN OUNTRY) The Carolina | 76 CITIZEN OF WHAT CO | WIDOW | | Anne F | Arundel MD. |
| 1113 | 10 | INA POLIS | 11. NAME OF HOSPITAL | NURSING HOME (GIVE STREET ADDRESS) RUNDEL | 1 - 1 | 12e USUAL OCCUPATE (TYPE OF WORK FOR MOST O Truck Driv | F WORKING LIFE) INDUSTRY |
| 35 | 130 5 | AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN Cyland Anne | TY 13c. CITY | OR TOWN | 13d INSIDE CITY LIMITS? YES NO | 130 STREET ADDRESS / | ZIP CODE |
| 11/2 | 12 | THER'S NAME FIRST | MIDDLE Knigh | LAST | 15. MOTHER'S MAIDEN NA. | | Moser |
| The state of the s | | | MED FORCES? 166 SOC E WAR OR DATES) | | 17 INFORMANT (Wife Mrs. Loretta | | |
| physicion physicion proper emoval | | 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | ly one couse per line for to | | CANDIAC | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| quires that the death ce signed by the attending then please remore corb to burial, cremation, or n iury, or other traumatic | Z | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (| DUE TO, OR AS A CO | ASCUT DINSEQUENCE OF MALCUM | m.1. | ninal Disease or Coni | DITION GIVEN IN PART I 10 |
| he low re on hos beer t permit. | CERTIFICATION | 190 DATE OF OPERATION | 1% CONDITION FO | R WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| ECIAN TI 9 physicii 9 physicii erithicote iol-tronsil intol Hygi em 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MOI | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | IT IN ITEM IS PART LORPART 2) |
| ING PHYSI | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJUR | Y RY OFFICE FARM ETC.) | 21f LOCATION STREET | CITY OR TO | WN COUNTY STATE |
| ATTENDIN Dispital or ECTOR: Af of for use a f of Health | | 22a I certify that (1) (this haspi saw the deceased alive an above (11)(we) (did yard no | tol) oftended the decease If Lot's J Eview the body after dea | 19, o | | to 1/26/57 | ate and hour and from the couses stated |
| by the hor by the bedetoche detoche by NNT: If the | | 226 PHYSICIAN'S NAME (TYPE O | Wolten | mo | ATTENDING PHYSICIAN ATTENDING | MEDICAL STAF | FIAN 220 DATE SIGNED |
| TO HOSPITAL (retoined by the TO FUNERAL (should be detoin with the Store (IMPORTANT: # | | SNWATK | -1NS | | | | |
| BP | (| URIAL, CREMATION, REMOVAL Burial | Nov. 29, | | emetery or crematory ven MemorialP | IGIEN Burn | ie, Anne Arundel Md. |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | NERAL DIRECTOR ngleton Funeral | Home, Glen | Burnie, M | laryland 250 DAT | DEC 2 1001 | 25b. REGISTRAR'S SIGNATURE |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

- STATE

LITTE OR PRINT

1. SEX

130 STATE

NO

MARYLAND

FATHER'S NAME

REGISTRAR I. DECEASED NAME

TO BIRTHPLACE ISTATE OF FOREIGN

10 CITY OR TOWN OF DEATH

FIRST

IYES NO OR UNKNOWN)

CHARLES

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

IL CAUSE OF DEATH Enter only PART L DEATH WAS CAUSED

Conditions, if any, which gave rise to immediate course (at), stating the underlying come last

ORK NOT WHILE

MARYLAND

FIRST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

| DLI AN | CERTIFICATE OF DEATH | REG. NO. | F | CT | | |
|--------|----------------------|--------------------------------|-------|-------------|-------------|-------|
| DLE | LAST | 20. DATE OF DEATH MONTH | d DAY | YEAR | 26 HOUR | |
| IOLA | KNOPP | NOVEMBER | 22 | 1985 | 504 | M |
| | 5 DATE OF BIRTH | & AGE (IN YEARS LAST BIRTHDAY) | TIF-C | NDER I YEAR | IF UNDER 24 | HRS T |

76

4 RACE 5. DATE OF BIRTH MONTH DAY YEAR FEMALE WHITE DECEMBER 11,1908

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

SEVERN

13c. CITY OR TOWN

LAST

JOHNSON

213.36.2199

166 SOCIAL SECURITY NO.

NORTH ARUNDEL HOSPITA

U.S.A.

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

ANNE ARUNDEL

MIDDLE

A.

I (IF YES GIVE WAR OR DATES)

136 COUNTY

NONE

IMMEDIATE

76 CITIZEN OF WHAT COUNTRY?

MARRIED X NEVER MARRIED WIDOWED DIVORCED [

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

ANNE ARUNDEL COUNTY 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

BALTIMORE CITY OR COUNTY OF DEATH

homemaker OWN HOME 13e STREET ADDRESS / ZIP CODE

13d INSIDE CITY LIMITS? 582 OLD OAK ROAD YES [] NO X 15 MOTHER'S MAIDEN NAME Augusta

LAST Nieman

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21144

17 INFORMANT

MR. LOUIS C. KNOPP (HUSBAND) SAME AS #

MIDDLE

ADDRESS

| one cause per line for and it or and it | BETWEEN ONSET AND DEATH |
|--|-------------------------|
| DUE TO, OR AS A CONSEQUENCE OF CLEANER | June |
| DUE TO, OR AS A GOVERNOUS OF DESCRIPTION OF THE PROPERTY OF TH | unite |
| NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEMMAL DISEASE OR CONDITION GO | VEN IN PART I'm |

PART 2. OTHER SIGNIFICANT CO

| 190 DATE OF OPERATION | 196 CONDITION FOR WHICH O | PERATION WAS PERFORMED |
|-----------------------------|---------------------------|------------------------|
| 21a ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21c HOW INJURY OCCUP |

(AT HOME, STREET, FACTORY OFFICE FARM ETC.)

YES NOT YES [RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 218 PLACE OF INJURY

YEAR

20a AUTOPSY?

211 LOCATION STREET

CITY OR TOWN and that in (my) (our) opinion death occurred on the date and have and from the causes stated

220 I certify that (1) (this hospital) attended the deceased from saw the deceased alive an ATT STOTEMENT

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 72: DATE FIGNED

STATE

FZE PHYSIQUAN'S

22e ADDRESS

DEGREE

206 CRAIN HIGHWAY, S.W

SUPONC ANASTACTO THE HURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMA NOVEMBER GLEN HAVEN MEMORIAL PK GLEN BURNIE A.A.

CITY OR TOWN

MARYLAND

BURIAL 24 FUNERAL DIRECTOR

SINGLETON FUNERAL HOME GLEN BURNIE, MARYLAND

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL Indiana details from Stocke

DEPARTMENT OF HEALTH AND MENTAL HYCIENE -- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 333116 DECEASED NAME 20. DATE KNOWN V 2h HOUR OF ESTI-DEATH MATED ONALI BNU AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED White Male Nov. 2, 1938 DEAD 47 YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. DIVORCED X WIDOWED Anne Arundel O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Anne Arundel General Hospital Manager Dry Wall Annapolis Instalation JSUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES Maryland Stevensville NO [] 157 Allegany Rd 216663 Oueen Anne A FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Clarence Kriete Frieb Frances 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS Mrs FrancesKriete 157 Allegany Rd. 21666 (YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATEST 219 26 8523 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 18 AUTOPSY? YES [] 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK WHILE COUNTY 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian death resulted fram Natural causes Hamicide Undetermined manner TITLE SPECIFY ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME PAGE NO (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 13¢ NAME OF CEMETERY OR CREMATORY Woodlawn Woodlawn Balto., Maryland Nov 26, 1985 Burial 07/84 74 FUNERAL DIRECTOR
NAME Harry H Witzke & Family Funeral Home
Inc 4112 Old Columbia Pike Ellicott City 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 a been from Hands Me (VR A15 ME (5))

STATE OF MARYLAND

MILITER 7 KM 1 E 1

| | | | STATE OF MARYLAND 8 5 3 0 0 . 1 5 |
|---|------------|---|---|
| | 1. | FOR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| 316059 | / | REGISTRAR | CERTIFICATE OF DEATH REG. NO. |
| OTOODD ! | | CEASED NAME FIRST | MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR |
| noy be | | mild | red Moore Krumm Nov. 5, 985 M |
| offer p | SE | Egua la | 1 RACE 5. DATE OF BIRTH MONTH DAY YEAR 1 RACE 1 |
| Pog direction | 7n B | RTHPLACE (STATE OR FOREIGN | 78 CITIZEN OF WHAT COUNTRY? 8 A 9 BALTIMORE CITY OR COUNTY OF DEATH |
| oth. i | n | Taryland | MARRIED NEVER MARRIED AND AND AND |
| de for | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) |
| 201 S offi | LA | nnapolis | Anne Arume General Hospital |
| dbe in dbe | USU 13a | AL RESIDENCE (IF NURSING HOME OF | VIY AL CITY OR TOWN 134 INSIDE CITY LIMITS? 134 STREET ADDRESS / ZIP CODE |
| Should be should | 1 | ATHER'S NAME | A. Hongolis YES NO 1515 First Street 21403 |
| 是 | 6 | FIRST O | MIDDLE LAST LAST |
| RE O | 16a ' | VAS DECEASED VER IN U.S. AR | |
| IMORE. | (| | MED FORCES? 166 SOCIAL SECURITY NO. 11 PROPRIANT 3 Bay Brive 21403 |
| BALT cote by cote by copers copers copers copers cote by cote by cote cote by cote by cote cote cote cote cote cote cote cote | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | ly one couse per line footol, (b), and (c): |
| ST., | H | | E CAUSE (o) |
| STON fending on, or | 13 | Conditions if now which | DUE TO, OR AS A CONSTONE DE DE |
| PRES ne of emov motion | | Conditions, if ony, which gove rise to immediate couse (0), stating the | (b) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C |
| thot ill by the ease real. | | underlying couse lost. | DUE TO, OR AN ACOUNTE OF 9/85, 10/85, C'HF |
| RDS, 20 equires t an signed Then ple r to burio injury, or | NO | PART 2 OTHER SIGNIFICANT | EQUALITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 |
| Second Seen s sermit. The prior to | CERTIFICAT | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| | RTIFI | | YES NO YES NO |
| DIVISION OF VITAL ING PHYSICIAN: The r offending physicion r offending physicion so the buriol-trons is th and Mental Hygiet orked or frem 18 shap | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 216. TIME OF INJURY ATH HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) |
| SKCI NO P | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINE |) P.M. 19 |
| PHY rendi this he bi | MED | 21d. INJURY OCCURRED WHILE NOT WHILE | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21 LOCATION STREET CITY OR TOWN COUNTY STATE |
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| DA O O O O O O O O O O O O O O O O O O O | | 22a certify that (1) http:// | full offerided the paragraph from |
| RECTO | 13 | Obove (I) (I did (did no | view the body after death. DEGREE 221 DATE SIGNED |
| 0 9 0 00 = | | Mill J. | atenting Medical Staff PHYSICIAN DOIRECTOR PHYSICIAN 11/5/85. |
| O HOSPITAL etoined by it TO FUNERAL should be det with the Stote | | MICHARIC | |
| Shoot Shoot | 73a | BURIAL, CREMATION, REMOVAL | 703 |
| BP | 10 | [PECIFY] | AL SIGNET A PARTY AND ALARE |
| | 24 F | UNERAL DIRECTOR | Bo. DATE REC'D. BY REGISTRAR'25b. REGISTRAR'S SINATURE |
| DHMH - 16 50M 4/83 (VRA 15, 4) | 1 | E WAR FINENCE | Changle Homanis MI NOVO / 1985 , - wounder-your |

Company 15 A Delivery of the second secon CHILD CONTRACTOR OF THE CONTRA AND THE RESERVE TO SERVE THE PARTY OF THE PA AS THE PART OF SU WHEN I THE STATE TO SELECT STATE OF THE RESIDENCE are pto 2 manufly support \$ 12 TO BYOR USA LOUDER 100 - Upper and Ingary I have made about

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN DO 2b. HOUR FRANK (TYPE OR PRINT) OF ESTI--ANK DEATH MATED (nmn) 4 RACE AGE (IN YEARS | IF UNDER 1 YR SEX S. DATE OF BIRTH IF UNDER 24 HRS 7d HOUR DATE LAST BIRTHDAY) PRONOUNCED Male White Aug. 13, 1910 75 DEAD YRS Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRYL Anne Arundel Maryland U.S.A. WIDOWED DIVORCED 17a USUAL OCCUPATION (TYPE OF WORK IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (# NOTAN SUCH FACILITY, GIVE STREET ANDRESS) Glen Burnie North Arundel Hospital Heavy Equip. Oper. Civil SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13LCITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY Maryland Anne Arundel Glen Burnie YES NO X 420 Third Ave. S.W. 21061 H FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Louis Kuchli Catherine Schatt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Wife) Same as I HE YES, GIVE WAR OR DATES W.W. II 215-14-6960 Yes Mrs. Celia Kuchli # 13 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and b APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) REMOVAL DUE TO, OR AS A CONSEQUENCE OF ,5,C,V,D Canditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0. ED AS A HEALTH 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, A SHOULD BE FORW AFTER DEATH, WITH THE STYLE DEATH, WITH WHIST! A STILL OF EXECUTED A STILL OF THE STATE OF THE 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted fram: Notural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) Deputy EXAMINER'S NAME William P. Jones, M.D 695 America Crt., Davidsonville, Md. 21035 (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE Dec. 3 1985 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Maryland Veterans Cem. Crownsville, A.A. Maryland BP 74 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH** - 17 Singleton Funeral Home, Glen Burnie, Maryland e warden handell (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

| | | | | | | OF | MARYLANI | ò | 8 5 | 3 | 0 | U | |
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| - 4 | 1, | FOR STATE | | | DEPARTN | MENT OF HEAL | | | IENE | | | | |
| | / | REGISTRAR | 19.4. | | | CERTIFICA | IE OF DEA | ATH | | 3. NO. | | | 100 |
| 20/ | | OR PRINT) | FIRST | WIDDLE | | LAST I | | | 20 DATE OF DEAT | | DAY | | 26 HOUR |
| / | | 0. 1 | Ger- | | | Kut | rL | | | 11 | 12 | 85 | 7 P |
| 2 | 3 SEX | | , | RACE | | 5. DATE OF BI | DAY | YEAR | 6 AGE (IN YEARS LA | ST BIRTHDAY] | MONTHS | DAYS | HOURS MIN. |
| 1 | 1 | Fema | | Cau | | 09 | 11 | 08 | .1.1 | YRS | | | |
| 1/ | | RTHPLACE STAT | E OR FOREIGN | LE CITIZEN OF WHAT C | OUNTRY? | MARRIED [| NEVER MAR | RRIED 🗆 | 9 BALTIMORE CI | OR COUN | TY OF DE | ATH | |
| 1-1 | | | ania | USH | | WIDOWED | | hand | HOUSE | HRUD | dE | Cour | HY ME |
| 100 | 10 01 | TY OR TOWN OF | DEATH | 11. NAME OF HOSPITA | | | THER INSTITU | ITION | 120 USUAL OCCU | PATION OST OF WORKING | | KIND OF USTRY | BUSINESSOR |
| 3// | 11511 | mapo | 15 | HUUEHKIN | MEI | Genen | al Hos | prial | Ketin | ed | - K | stai | irant |
| 48 | 13a. S | TATE | 13P CON | OTHER INSTITUTION GIVE RESIL | Y OR TOW | | INSIDE CITY | LIMITS? | 13. STREET ADDR | SS ZIP CO | DE | | 0111 |
| 10 | 14 5 4 | THER'S NAME | 14.1 | 7. IHn | nap | | MOTHER'S M | - Lauf | 98 DL | ISTOI | DLI | ve. | 21401 |
| (12) | 14 FA | FIRST | | NODLE | LAST | 13 | FIRS | | MIDE | | | LAST | V |
| MOL | 14- 14 | Henr | YED WILL ADA | AED FORCES? 166 SO | CIAL SECU | O II | INFORMANT | a | Louis | 2 | | Jor | · K |
| # | | VAS DECEASED E | | WAR OR DATES) | 1 2 A S | 1115 | INFORMANT | 1.10 | 2:11: | 223 | Sco | 77 | Urive |
| 2/ | - | 140 | | <u>Ala</u> | (-30- | 2.1.191 | Joar | 1 CU | millips | -Ann | | 15,VN | 102140 |
| 11.0 | 18 | 18 CAUSE OF D PART DEAT | EATH (Enter only H WAS CAUSED | y one couse per line or BY: | (a), (b), and | dic. | 120 | 200 | - Story | to | В | ETWEEN OF | ATE INTERVAL |
| | | 1000 | IMMEDIATE | CAUSE (a) | (some | radicion | AM | 4 | Trol | <u> </u> | | | |
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| 9 5 | Š | | | | | | | | . The District on | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 71(1) | |
| 10 | FICATION | 190 DATE OF OP | ERATION | 19b. CONDITION FO | OR WHICH | OPERATION W | AS PERFORM | ED | 200 AUTOPSY? | 20b. IF | ES, WERE | FINDING | GS USED |
| 14 | TE I | | | | | | - | | YES NO | X IN CER | YES | AU325-0 | NO [|
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| | CAL | OR CONTRIBUTING | MEDICAL EXAMINER) | P.M. | W 111 | 19 | | | | | | | |
| 0 0 | WEDIC | 21d INJURY OCC | | 21e PLACE OF INJU | ORY-OFFICE FA | | LOCATION | | CITY | OR TOWN | .00 | DAYER: | SMAN |
| 900 | | WHILE DISC | T WHILE | | | | | (3.0 | | 11 | - | 0 | 1 |
| 2 2 | | 22s I certify the | (III) is hospite | al) attended the decea | | 2 | | 1220 | | // | 10-2 | 1 | of III (we) last |
| 5.5 | | oboyer 1) w | en Sid Wid not | vigo the body offer de | 19 ≥ | - | | ir) opusion o | leoth occurred an t | he date and h | | | Section 1 |
| 1 | | 726 THE TURE | DUh | 110-1-1 | 1 | DEG | | ENDING | MEDICAL _ | STAFF | 226 | DATES | IGNED - |
| 2 4 | | wee | ORGIV. | Kleyany | 02, | 1121 | PHY | SICIAN | DIRECTOR PH | YSICIAN [| | 11-13 | 5-87 |
| 184 | | 224 PHYSICIAN | NAME (TYPE OR | 71 | 1 | . 0 | ADDRESS | 15 | | | | | |
| 1 4 | | Hrnol | 9 6 | Hexano | | | itchir | | hway-H | rnold | m_l | 131 | 012 |
| | 230 B | URIAL, CREMATION PECIFY) | ON, REMOVAL | 23b DATE | - Ant " | AME OF CEME | TERY OR CRE | MATORY | 23d LOCATION CITY OR TOV | /N | NO. | * | STOLE |
| - | 7 | deria | | Nov. 15, 1983 | O RY | MECH | EST | 1 | Honar | 20/18 | H | H | WN |

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL
PECIFY)
24 SUNERAL DIRECTOR or Funeral Chapel-Annapolis, Mi

250. DATE REC'D.

BY REGISTRAR 25 DE REGISTRAR S SIGNATURE

DOMESTE Entra Vision Latte and Late of the Same of the THE RESERVE OF THE PROPERTY OF Cim Mit calegorial - 7 - 2 Mill 22M = 10M 1 22 Cd

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| s after de | Tar A |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

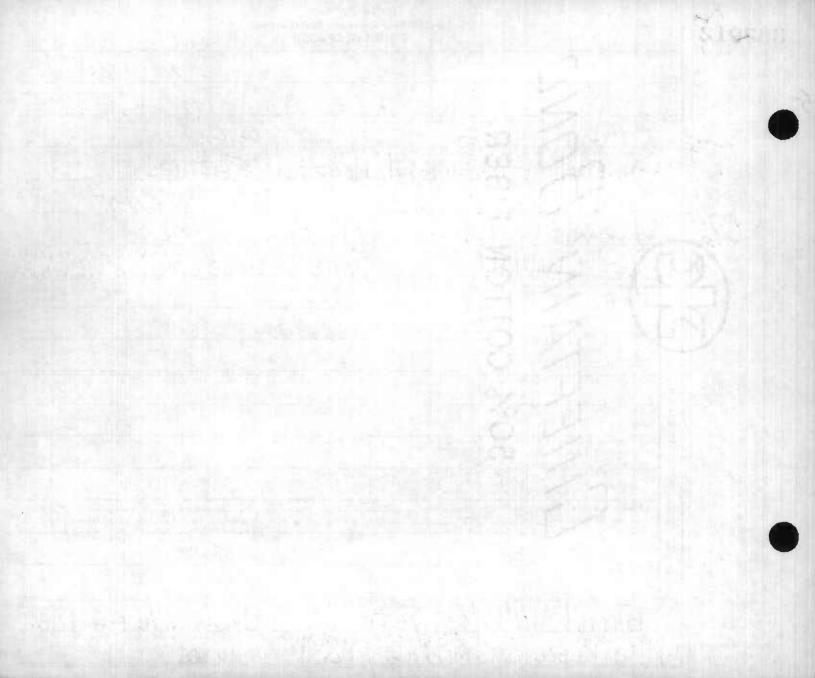
| FOR STATE REGISTRAR | DEPARTM | CERTIFICATION | AND MENTAL HYGE OF DEATH | REG. N | 0. | | | | |
|--|--|-------------------|--------------------------|------------------------------|--------------------|-----------------|-------------|--|--|
| DECEASED NAME FIRST | WIDDLE | LAST | | 20. DATE OF DEATH | MONTH DAY | YEAR 2b F | HOUR | | |
| Willia | m | Lane | | P 10 T | 11-72 | -85 1 | ZAM | | |
| | RACE | 5. DATE OF BIRT | | 6. AGE (IN YEARS LAST BIR | | | NOER 24 HRS | | |
| m | B | MONTH | T OF | 77 | YRS | THS DATS HOU | JRS MIN. | | |
| | L CILIZEN OF WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY | | DEATH | | | |
| COUNTRY | 2154 | WIDOWED T | DIVORCED [] | IA.A | | | MD | | |
| 18 CITXOR TOWN OF DEATH | 1. NAME OF HOSPITAL, NURSIN | | | THE USUAL OCCUPATI | | 126 KIND OF BUS | | | |
| HUNAMAIG | CHAOT IN SUCH FACILITY GIVE STREET A | SOPRESS H | 165 tal | RALIN | A PAN LIFED | INDUSTRY | | | |
| USUAL RESIDENCE IN NURSING HOME OF CO. 130 STATE | | action rigination | SPIPAL | TEFI | | 31/ | 1101 | | |
| 130 STATE 136 CON | A ALALAST | 30 16 13d IN | NO [| 13 STREET ADDRESS | ZIP CODE | - W/ | 101 | | |
| 14 FATHER'S NAME | CI CHANG | 115. MG | OTHER'S MAIDEN NA | ME (| July No | 1 | | | |
| | DDLE . ALLAS | N | 1 nietalan | MIDDLE | | LAST | | | |
| 160 WAS DECEASED EVER IN U.S. ARM | NED FORCES? 166 SOCIAL SECUI | RITY NO 17 IN | FORMANT | ADDRE | 55 () . / // | malu | c 1/11 | | |
| | VAR OF DAHLT | | 1/2 T/ | lanch 1 | 11/1/V | aroll. | DINIC | | |
| VESTVV | VIII | 11/1 | DHA YU | 10000-1 | 066 | 18 NAS | MMI | | |
| PART I. DEATH WAS CAUSED | y one cause per line for (a), (b), one 8Y: | / | 1- | | | BETWEEN ONGET | | | |
| IMMEDIATE | IMMEDIATE CAUSE (0) DUZ monary Edena Minutes | | | | | | | | |
| | DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) ASCVBY REMAINSTRUCTE | | | | | | | | |
| Conditions, if any, which | | | | | | | | | |
| cause (a), stating the | | | | | | | | | |
| underlying couse lost | underlying cause lost | | | | | | | | |
| | onditions <u>contributing to d</u> | DEATH BUT NOT R | ELATED TO THE TERM | AIN AL DISEASE OR CON | DITION GIVEN | IN PART Ho | | | |
| 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | | | | | | | | |
| 190. DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS | PERFORMED | 20a AUTOPSY? | | ERE FINDINGS I | | | |
| THE STATE OF THE S | 1.37 | | | YES NO | YES [| | 0 🗆 | | |
| | 21b. TIME OF INJURY HOUR A.M. MONTH DA | Y YEAR | IOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART | OR PART 21 | | | |
| ON CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED | P.M. | 19 | | | | | | | |
| 21d INJURY OCCURRED | 21e PLACE OF INJURY | | OCATION | CITY OF TO | WN | COUNTY | STATE | | |
| WHILE NOT WHILE □ AT WORK AT WORK | JAT HOME STREET, FACTORY, OFFICE FA | ARM EIC J | SINCE | Cittonio | | | 5,47 | | |
| 22a.1 certify that (1) (this hospital | 220.1 certify that (1) (this hospital) attended the deceased from | | | | | | | | |
| saw the deceased alive an | | | | | | | | | |
| 226 SIGNATURE | view the body offer deothe | DEGRE | | | | 22¢ DATE SIGN | JED . | | |
| 11.51 | 15/1/ | ms | ATTENDING | MEDICAL STA | FF CONTRACTOR | | | | |
| 224 PHYSICIAN'S NAME (TYPE OR | PRINT) | | DDRESS | M DIKECTOK PHYSIC | IAN L | | | | |
| 12.15 | TETTETSAUN | | 200 | | | | | | |
| 37 206 2 1 | | | | Invitocition | ,, | | | | |
| 230 BURIAL CRIMATION, RENOVAL | 236 DATE 23 N | AME OF CEMETE | RY OR CREMATORY | 23d LOCATION CITY OF TOWN | 15/1/200 | DAYYA K | ATAL | | |
| 13/13/10 | 111×11421 Y | C 1 C) | VIVS | LYOW NG | VIIIE | 741 | V Q1 | | |
| 24 FUNERAL DIRECTOR | 14 All Solone | ヒントもから | AND MOST DAT | OV OF 4005 | 256 REGISTRAR | R'S SIGNATURE | | | |

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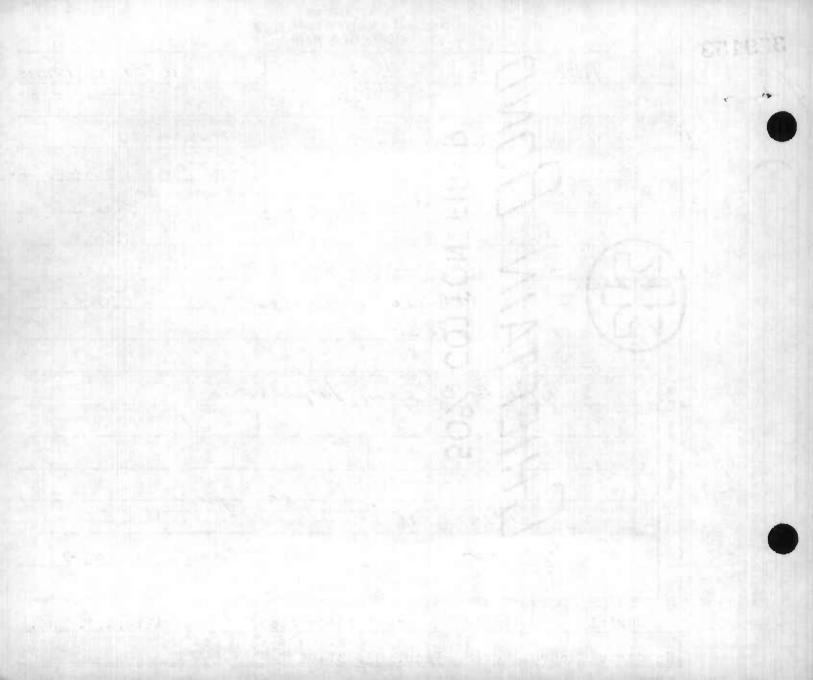
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please rewith the State Dept of Health and Mental Hygiene prior to burial, crer

TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the hospital or attending physicial IMPORTANT: If hem 21 is marked or frem 18 shows



| 329153 | FOR STATE REGISTRAR | DEPA | STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | SIENE 8 5 3 0 0 2 0 |
|--|--|--|--|--|
| / - 25 | 1. DECEASED NAME | MIDDLE H. | / IAST | 26 DATE OF DEATH MONTH DAY YEAR 26. HOUR |
| 4 50 | Alber | | Langford Jr | 11/21/03 130 1 |
| and the second | male male | white | S DATE OF BIRTH MONTHAP TAL 3, 18791 | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 23 HRS MONTHS DATS HOURS MIN |
| 1 11 67 | 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) New Jersey | 76 CITIZEN OF WHAT COUNTS | MARRIED NEVER MARRIED X | Anne Arundel |
| 1 | O CITY OR TOWN OF DEATH Annapolis | 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI | RSING HOME OR OTHER INSTITUTION REET ADDRESS) | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIBE) INDUSTRY |
| 1) | USUAL RESIDENCE (IF NURSING HOME C 13a STATE | NTY 13c. CITY OR TO | FORE ADMISSION) OWN 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE 20151 |
| 11170 | 14 FATHER'S NAME | A.A. Dea | 15. MOTHER'S MAIDEN NA | MIDDLE |
| decorpe in | 160 WAS DECEASED EVER IN U.S. A | H. Langf RMED FORCES? 16h SOCIAL SE IVE WAR OR DATES) | CURITY NO. 17 INFORMANT | Widmark ADDRESS |
| 1 14 1/ | no | | 4-4192 George La | ngford same as 13e. |
| that the death certific by the ottending phy lose remove coulon at all ceremation, or remo- cather traumotic even | | DUE TO, OR AS A CONSECTION OF AS | DUENCE OF | 2hR |
| equires Then ple r to burs, o | PART 2 OTHER SIGNIFICANT | conditions contributing | Lear her, he | AINAL DISEASE OR CONDITION GIVEN IN PART 110 |
| The party of the p | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | 196 CONDITIÓN FOR WHI | CH OPERATION WAS PERFORMED | 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| Clan, g physic erticols iddraw and hyg | OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MONTH | DAY YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| ortending ter this c is the bur t and Me | CIF EITHER HOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED HILE NOT WHILE AL WORK | 218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI | CE FARM ETC.) 211 LOCATION STREET | CITY OR TOWN COUNTY STATE |
| ATTENDIN mental or CTOR. At for use of of Meath v21 is ma | saw the deceased alive a | oital) attended the deceased fra | h · | , to |
| At OR y the ho At DIRE detoched one Dept IT, if hear | 226 SIGNATURE | ren | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN |
| O FUNERA O FUNERA NORTANT | 22d PHYSICIAN'S NAME (TYPE | OR PRIMT) | 22e ADDRESS | |
| RD RD | 23. BURIAL, CREMATION, REMOVA (SPECIEV) Durial | | Woodfield Cemete | 23d LOCATION CITY Galesville, A.A. Md. |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 FUNERAL DIRECTOR NAME Hardesty Fueni | 12 Ri | | ry Galesville, A.A. Md. EREC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 2 1985 |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIS

| 1 | - STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
|---|---|--|--|-------------------------------|--|
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) | h Ether | LASER | 20. DATE OF DEATH MC | ONTH DAY YEAR 26, HOUR |
| | Female | 4.RACE | 5. DATE OF BIRTH MONTH DAY YEAR 12 03 | 6. AGE (IN YEARS LAST BIRTHD | MONTHS DAYS HOURS MIN. |
| 1 | Washington D. | 76. CITIZEN OF WHAT COUNTRY? C USA 11. NAME OF HOSPITAL, NURSING | MARRIED NEVER MARRIED UNIDOWED DIVORCED GHOME OR OTHER INSTITUTION | Anne Ari | undel MD. |
| 7 | Annapolis | | General Hosp. | Housewife Housewife | |
| 7 | | | N 13d. INSIDE CITY LIMITS? | | Shoarko / |
| 0 | Herman | Stomm'ê' | Ethel | | Hess |
| | 160 WAS DECEASED EVER IN U.S. AF | VE WAR OR DATEST | -6076 Lawrence | A.Laser Sr | . #13e |
| | PART I. DEATH WAS CAUSE | DUE TO, OR AS A CONSEQUE | gestive Heart | Fadin | APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH 100 GA 100 GA |
| | 190 DATE OF OPERATION | ethernia ver | DEATH BUT NOT RELATED TO THE TER/ POPERATION WAS PERFORMED | 200 AUTOPSY? | 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| 1 | | P,M. | AY YEAR 19 | RRED (ENTER NATURE OF INJURY) | N ITEM 18 PART I OR PART ?) |
| | OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE NOT WHILE | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA | ARM ETC.) 21f LOCATION STREET | CITY OF TOWN | COUNTY STATE |

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE

22e ADDRESS

DEGREE

Ft. Lincoln

22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN 11-20-85

230 BURIAL, CREMATION, REMOVAL

220 I certify that (I) (this hospital) attended the deceased from

sow the deceased alive on 10-16 above, (1) (we) (did not) view the body after death

5, FRANKLIN 23c NAME OF CEMETERY OR CREMATORY

ATTENDING

ST. Brentwood

Md. P.G.

Burial BP 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

MPORTANT.

Hem 18 s

should be detached for us with the State Dept of Mee etained by the haspital

T.A. Hardesty Annapolis, Maryland (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NOV 20 1985

| | Section 1 | |
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| AND THE PROPERTY OF SERVICE AND | | |
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| | 1. | FOR STATE | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTA | | 30022 |
|--|------------|---|--|--|---------------------------------|--|
| 316058 | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NC | |
| | | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH | MONTH DAY YEAR 26. HOUR |
| oge 3 | | Edn | a Earle | Lewis | No | W. 4,1985111 P. |
| E G | 3. SE: | 5 | RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTI | MONTHS DAYS HOURS MIN |
| s of | 1 | 'emale | White | April 10, 190 | 3 12 | YRS |
| of Bod to | | RTHPLACE (STATE OR FOREIGN 7 | CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OF | COUNTY OF DEATH |
| to 02 27 | m | aruland | ILSA | WIDOWED DIVORCES | _ () | Arundel Co. A |
| offer d with | 10 C | | 1. NAME OF HOSPITAL, NURSI | NG HOME OR OTHER INSTITUTIO | N 120 USUAL OCCUPATIO | ON 126. KIND OF BUSINESS C |
| led the | D | nnapolis | THE NOT IN SUCH EACHTY, GIVE STREET | velscent Conte | r Homema | |
| on him h | USU. | AL RESIDENCE (IF NURSING HOME OR COTATE | THER INSTITUTION, GIVE RESIDENCE BEFOR | E ADMISSION) | | 5331 A |
| old de | r | ND A. | A Annar | | 409100 | 1 Mac |
| 图 对 对 | 14. F | THER'S NAME | 1 | 15 MOTHER'S MAIDE | | 1 |
| | 1 | Julen Day | DDLE LAST 1 | 5 Many | Elizabet | h Smith |
| 000 | Ióo V | | ED FORCES? 166 SOCIAL SEC | | ADDRE | 1 Lockwood Cour |
| Poges | . (| YES NO ORUNKNOWN] (IF YES, GIVE | WAR OR DATES! 214-05. | 0300 Harry 6 | Lewis-An | 1000115 MD 21403 |
| the coo | - | 18. CAUSE OF DEATH (Enter only | one couse per line for (a) (b) or | ndic l | 1 - | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| physical physical population | | PART I. DEATH WAS CAUSED | BY: | lnovasc. | accident | |
| Ing rrbor | -01 | IMMEDIATE | | | ET THE PERSON | |
| tend on, o | | Conditions, if any, which | DUE TO, OR AS A CONSEOU | ENCE OF | | |
| a de | 5.5 | gave rise to immediate cause (a), stating the | | TALCE OF | | |
| by the | BW | underlying couse lost. | DUE TO, OR AS A CONSEOU | ENCE OF | | |
| ned the pleo | | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE | TERMINAL DISEASE OR COND | DITION GIVEN IN PART 1(p) |
| sign Then to b | NO NO | | | | | |
| Deer Deer Deer Deer Deer Deer Deer Deer | M | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FINDINGS USED |
| hos peri | CERTIFICAT | | | | YES NOT | IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| hysicate ficore rrons it Hygin Hygin | G. S. | 710. ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | 21c HOW INJURY O | CCURRED (ENTER NATURE OF INJUR | Y IN ITEM IS PART 1 OR PART 2) |
| Clar. | | OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOUR A.M. MONTH D | 19 | | |
| HYSh Iding Iding Ins ce buri | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | CITY OR TO | NN COUNTY STATE |
| ond ked | X | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE. | FARM ETC) STREET | CITY ON TO | 31210 |
| A A A A A A A A A A A A A A A A A A A | | 220.1 certify that (I) (this hospital | al) attended the deceased from. | | , to | , 19, that (I) (we) lo |
| TEN TOR Or or of H | | saw the deceased alive on_ | 19 | , and that in (my) (our) o | pinion death occurred an the da | ite and hour and from the couses stated |
| R A P P P P P P P P P P P P P P P P P P | | oboye, (I) we) (did) (did not) | view the body offy death. | DEGREE | | 22c. DATE SIGNED |
| the Distriction | | 4.). | Holoro |)) ATTEND | | |
| AN Sto | | 224 PHYSICIAN'S NAME (TYPE OR | PRINT | 22e ADDRESS | | |
| FUT HOS | | Howard D. | m nightshir | 11 205 R. A | holy Ava Ar | inapolis MI) |
| De De | 23a | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c. | NAME OF CEMETERY OF CREMA | | The state of the s |
| BP | 1 | Burral | Na 81985 (| Cedar Blu- | ff Annami | rs On mi |
| DUANH 14 5044 4/93 | 24. F | NERALDIRECTOR | 1 | 2! | O DATE REC'D BY REGISTRAR | 256 REGISTRAR'S SIGNATURE |

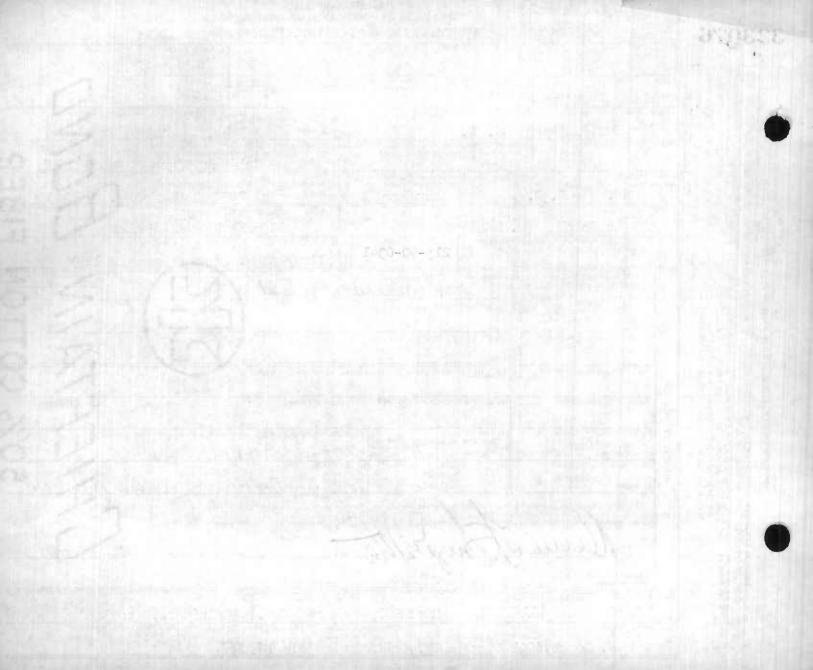
Funeral Chapel Annapolis, My

DHMH - 16 50M 4/83 (VRA 15, 4)

Contract S. 9 Happy Charles and Short sabil Farnale Hallitte Harl 10, 103 52 Mirryland USB X 424 bustymm Line (1815) Hora was Conselved Octor Homemores Home Supplied Relation Poll X commended Feld Gire The district of the series of ENVISORENCE ENVIS DE L'ANTHONO EN 190 - UN UM 2 Housandt av A plant 12 Son am mintoble) CI become Com 69 Ellenned Hack sub D Esers M. Lors S. The May world Lagrant Very and rolling

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 323076 REG. NO 1. DECEASED NAME 20. DATE KNOWNXX MONTH LIVEE OF PRINTS OF ESTI-Steven M. Linton 19 85 4 RACE 5. DATE OF BIRTH A AGE UN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20 DATE 11:00 LAST BIRTHDAY PRONOUNCED 1985 11/28/64 Male White 20 YRS DEAD p. M 75 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland U. S. WIDOWED Anne Arundel County. 0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 126, KIND OF BUSINESS. OR INDUSTRY Cabinet Maker Wood Craft Glen Burnie North Arundel Hospital 30 STATE 136 COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Pasadena Md. 7854 Mayford Ave. (21122) NO X 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Randolph M. Linton Elizabeth Becker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 215-90-0341 No Elizabeth M. Linton (same as 13e) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. A BURIAL 3 SHOULD BE USED AS A DEPARTMENT OF HEALTH AND PRIOR TO BURIAL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A:M: MONTH UNDERLYING CONTRIBUTING TICAUSE OF DEATH 21e PLACE OF INJURY IL LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK Autopsy XX ER DEATH, WITH THE STIMORE, MARYLAND. 220. I certify that took charge of the remains pescribed above, held on Suicide 28 Homicide death resulted from Natural causes Undetermined manner DATE SIGNED 11-9-85 M.D. Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 PAGE TO FU (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 11/12/85 Most Holy Redeemer Cem. Baltimore, Maryland 07/B4 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) George J. Gonce, 4001 Ritchie Hg., Baltimore

STATE OF MARYLAND



Comparing January S. 1755 The same and waith . Log vvenil Limite T) caryignd | | Anne Arunde | Glen Surale racia da risman 1750 m ingles to toposett, it will be true (it we west) boulded amonag chart to 3899 ---- 08 und al West 7,1765 (undermide well and forces were 1871) The state of circles to see the second recommendation

313 Signature death Tage 4 may be led in by the funeral director page 3 (Id be filed within 72 hours after death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| REGISTRAR CERTIFICATE OF DEATH | | | | | | | | | | | | | |
|--------------------------------|---------------|--|---------------------------------------|----------------------|----------------------------------|--------------------|---------------------|-------------------------|--------------------|-------------------|------------|-----------------|---------|
| ı | | CEASED NAME FIRST | | MIDDLE | 14-11 | LAST | | 20 DATE OF DE | _ | TH DAY | YEAR | 26 HOUR | |
| | LITTE | WILLIAM | 1 | J | IC | DUIS | | | 1 | 1 9 | 85 | 1:20 |)PM |
| / | 3 SE) | | 4 RACE | 190 8 | S. DATE O | | YEAR | 6. AGE IN YEARS | AST BIRTHDAY) | IF UN | DERIYEAR | IF UNDER 2. | |
| | | Male € | W | White | 2 | 28 | 17 | 68 | + | YRS | DA. 3 | HOURS | MIN. |
| 8 | | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUN | TRY? 8 | D X NEVER M | ARRIED 🗆 | 9 BALTIMORE | ITY OR CO | UNTY OF | PEATH | 71 | |
| 2 | Ba | altimore.Md. | | ISA | WIDOWI | DIV | ORCED 🔲 | Anne Ar | - | - 4 | MD. | | |
| 0 | 10 CI | TY OR TOWN OF DEATH | CIE NIOT IN SUC | MEACHITY CINE | URSING HOME (STREET ADDRESS) | OR OTHER INST | TUTION | 120 USUAL OCC | | | L KIND O | F BUSINES | SOR |
| 1 | | inthicum | 514 H | awthor | ne Road | | | Steamfi | tter | F | Balto | . G & | E |
| 5 | 13a S | AL RESIDENCE (IF NURSING HOME O | TY INSTITUTION | 130 CITY OR Linth | TOWN | 134 INSIDE CI | TY LIMITS? | 13e.STREET ADD | RESS / ZIP | CODE | | | |
| | | THER'S NAME | A | Linth | 1Cum | | NO X | 514 Haw | thorne | Road | 210 | 90 | _ |
| - | 14 FA | John | MIDDLE | LAS | | 13 WOLHER? | MAIDEN NAM | VE WI | T | | | | |
| 4 | 14- 14 | VAS DECEASED EVER IN U.S. AF | J. | | SECURITY NO. | Ber 17 INFORMAN | | | ADDRESS | | Hor | ton | |
| 9 | | | E WAR OR DATES | -347 | | | | | | | | | |
| | | | 2 | | 9-0167 | <u> Ethel</u> | Ford | Louis, w | ife,sa | ame as | 13 | AAATE IN ITE DI | |
| | | 18 CAUSE OF DEATH Enter of PART DEATH WAS CAUSE | ily one couse per D 8Y | line lor (o), (| | 2. /2. 42. 4. 4 | | 1. 1 | 40 | - | BETWEEN | MATE INTERV | EATH |
| | | IMMÉDIA | re CAUSE (a) | adel | w cource | momo | 07 | 1000 | -ary | -, | | | |
| | | | DUE TO, O | R AS A CONS | SEOUENCE OF | | | | | | | | |
| | | Conditions, il any, which gove rise to immediate | (b)_ | | | | | | | | | | |
| | | couse (a), stating the underlying couse last | DUE TO, O | R AS A CONS | SEQUENCE OF | | | | | 7 1 | | | |
| | | | (c) | | | | | | | | | | |
| | N | PART 2. OTHER SIGNIFICANT | ONDITIONS CO | ONTRIBUTING | S TO DEATH BUT | NOT RELATED | TO THE TERMI | nal disease of | CONDITIO |)N GIVEN IN | 4 PARI 110 | 3 | |
| 38 | CERTIFICATION | 190 DATE OF OPERATION | 19b. COND | TION FOR W | HICH OPERATIO | N WAS PERFOR | RMED | 20a AUTOPSY | 2 20b. | IF YES, WE | RE FINDIN | NGS USED | - |
| 7 | IFIC | | | | | | | | | CERTIFYING | | | |
| 7 | ERT | 210. ACCIDENT WAS UNDERLYING | 216 TIME O | FINJURY | | 21c. HOW INJ | URY OCCURR | ED (ENTER NATURE | | | OR PART 2) | 110 | |
| 1 | | OR CONTRIBUTING CAUSE OF DE | CITY CONTRACTOR | | DAY YEAR | | | | | | | | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | 21e PLACE | OF INJURY | | 211 LOCATIO | N | | | | | | |
| | ME | WHILE NOT WHILE O | (AT HOME STE | PEET, FACTORY, O | FFICE, FARM ETC) | STREET | | CII | IY OR TOWN | | COUNTY | STA | ATE |
| | | 220.1 certify that (1) (this hasp | tal) attended th | e deceased 1 | rom | | . 19 | | | | | that (I) (we | e) last |
| | | saw the deceased alive ar above, (I) (we) (did) (did no | | | | nd that in (my) (| | leath occurred on | the date or | nd hour and | | | |
| | | 226 SIGNATURE | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | DEGREE | | | | | 22c. DATE | SIGNED | |
| | | (Jujeli) | X CO. | bin | mi | | TENDING HYSICIAN | MEDICAL DIRECTOR F | STAFF PHYSICIAN | | 11/8/ | 185 | |
| | | 224 PHYSICIAN'S NAME ITYPE | PRINT; | | | 22e ADDRESS | | | | | 1 | | |
| | | Angela C | Mixen | | | VAMC | , Balti | imore, M | arylar | nd 21 | 218 | | |
| | 23e 8 | URIAL, CREMATION, REMOVAL | 236 DATE | | 23c NAME OF | | | 23d LOCATIO | | | | | |
| | (| Burial | 12 No | v.85 | Meadowr | ridge Me | m. Parl | k Elkri | dge, | Howard | Co. | , Mo | I. |
| | 24. FU | JNERAL DIRECTOR | | | | | | REC'D. BY REGIS | TRAR 256 R | REGISTRAR'S | SSIGNATI | | pph |
| | Ja | ames S. Kirkley | , Glen | Burnîe | ", Maryla | ind 2106 | 1 NU | VIS W | 50 1 | ١. سيكا شو ترسياه | 10000 | | |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certific

BALTIMORE, MARTIAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

DHMH - 16 60M 7/8 (VRA 15, 4)

| | | STA | TE OF | MARY | LAND | |
|---|---------|-------|-------|--------|--------|--|
| D | EPARTME | NT OF | HEAL | TH AND | MENTAL | |

HYGIENE CERTIFICATE OF DEATH

| 333160 | 1 - | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND MI | | REG. N | 0. | | | |
|--|---------------|---|---|--|-----------------|----------------------------------|---------------------|--|---------------|--------------------|----------------------------------|--|
| poge 3 | | CEASED NAME FIRST Edward | 2 Edward | Clyde | | wery | 7 | 11/21/85 | MONTH C | 85 YEAR | 26,HOUR M | |
| ge 4 moj ector, po | 3. SE | Wale | CAU | asion | 5. DATE C | | 1921 | 6 AGE (IN YEARS LAST OF | YRS | IF UNDER : YEAR | IF UNDER 24 HRS HOURS MIN, | |
| deoth. Po | | RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvannia | U.S | MHAT COUNTRY? | WIDOWE | | DRCED [| P BALTIMORE CITY O | rundel | County | | |
| by the filled with | | Annapolis AL RESIDENCE (IF NURSING HOME OF | Anne An | OSPITAL, NURSIN HEACILITY, GIVE STREET A TUNDEL GE | neral | | | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Railroad Brakeman | | | | |
| P P P | 13a S Ma | STATE N31 COU | NTY | 13c. CITY OR TOWN | N | 136 INSIDECITY YES 15 MOTHER'S A | 40 🗆 | Box 294, T | | | Rd. 21666 | |
| | | Clyde Lowery | MIDDLE | £AS1 | 116 | Oliv | ve Blar | nche Jamiso | | LAS | T | |
| The second secon | | | WE WAR OR DATES | 166 SOCIAL SECU 181-14-7 | | 7 INFORMAN Zelma I | | | same as above | | | |
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| been signe been signe prior to bur | ATION | PART 2 OTHER SIGNIFICANT | | TION FOR WHICH | | | | NAL DISEASE OR CON | 114 | EN IN PART 11 | | |
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| YSICIAN Ting physics s certificate significate shall s | MEDICAL C | OR CONTRIBUTING CAUSE OF DE [IF EITHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED | HOUR A. | M. MONTH DA | YEAR 19 | 211 LOCATION | | ED (ENTER MATURE OF INJU | RTINTEMED | ARI I ORPARI ZI | | |
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| R ATTENE hospital RECTOR, hed for us ept of Hee | | saw the deceased alive ar abave (1) (we) (did) (did no | | 1/20 19 8 | 3 5 . an | - | opinian d | eoth accurred on the d | / | | | |
| the or the District O | | 22d PHYSICIAN'S NAME ITYPE | OR PRINT) | | | | TENDING TYSICIAN | MEDICAL STA | FF CIAN [] | 11/2 | 1/85 | |
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| BP | 30 | Burial | 11/25/ | | | ran's Ce | | CITY OR TOWN | lle | COUNTY | STATE | |
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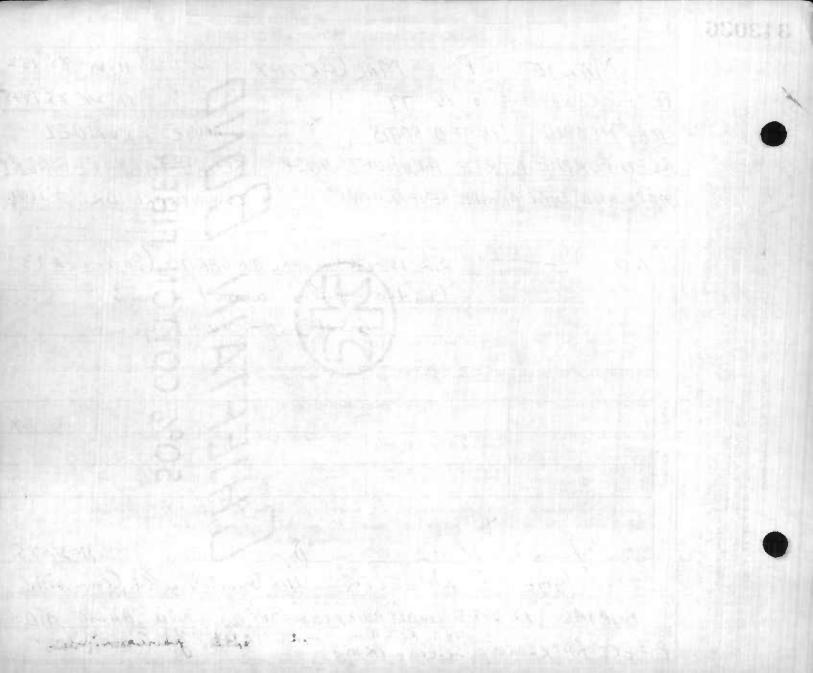
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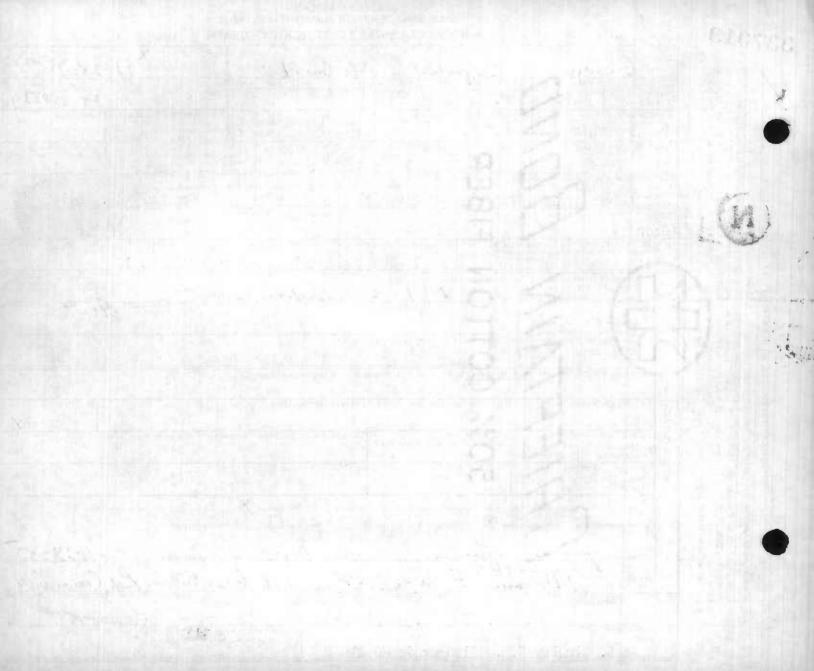
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| ME SER | 2/ 70 | BIRTHPLACE (STATE OR 7b. CITIZE | N OF WHAT COUNTRY? | MARRIED NEVER MARR | BALTIMORE CIT | Y OR COUNTY OF DEATH |
| DANS SE | 4 | MARPLAND | NITED STATES | WIDOWED DIVORC | - MAIAIL | ARUNDEL MD |
| 2 H 2 H 2 H 2 H 2 H 2 H 2 H 2 H 2 H 2 H | 10 | CITY OR TOWN OF DEATH | OF HOSPITAL, NURSING HOME, | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (FOR MOST OF WORKING LIFE) | TYPE OF WORK 12b. KIND OF BUSINESS OP INDUSTRY |
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| AND STATE OF | 36 13 | STATE OFFICE (IF IN NURSING HOME ON OTHER INSTITUTE) STATE OFFICE (IF IN NURSING HOME ON OTHER INSTITUTE) STATE OFFICE (IF IN NURSING HOME ON OTHER INSTITUTE) | NUTUTION GIVE RESIDENCE BEFORE ADMISSION 134 CITY OR TOWN SEVERNA | | 13e STREET ADDRESS 23 WINDWA | RD OR. 21146 |
| T NO STA | 27 | FATHER'S NAME | ONST. | 15 MOTHER'S MAID! | | LAST |
| A AND AND | 10 | 120 | - Page | | | |
| TER PACES | 16 | (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES | ES? 166 SOCIAL SECURITY | NO. 17. INFORMANT | ADDRE | 55 |
| S AF | 1 | NO - | 212-10-1 | 1364 HOWARD | MACCARTHY | (Jameas#13) |
| ST. | | 18 CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY: | 1 - | . 0 | 1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ON TOWN | WAL | IMMEDIATE CAUSE (| e TO, OR AS A CONSEQUENCE OF | - purum. o | my 7 - a | cule |
| HE AND | OR REMO | Canditions, if any, which | | 1540 | - 10-15 | |
| W. WILL | ő | gave rise to immediate (1) cause (a) stating the under- | E TO, OR AS A CONSEQUENCE OF | | , , , , | 700 |
| DS, 201 W. TECUTED WIT INC. IN PENCIL | Š | lying cause last. | ε) | | AM CO | |
| | MAT | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TERMIN | IAL DISEASE OR CONDITION GIVEN IN PA | RT J (g1, | |
| RECO LD BE PEND MED AED AED AED MED AED MED | O BURIAL, CREA | 198 DATE OF OPERATION 19h | CONDITION FOR WHICH OPERA | TION WAS PERFORMED? | | 20 AUTOPSY? |
| TAL ROUNSEE OF FE | RIA | | | | | YES NO X |
| W W W W W W W W W W W W W W W W W W W | 品が | ZIa EXTERNAL CAUSE WAS 21b. | TIME OF INJURY | 21c. HOW INJURY OCCURRE | D LENIER HATURE OF INJURY IN ITEM | 7-1 |
| NO FICA | 8 | | P.M. 19 | | | |
| BIVISION OF VITAL RE THIS CERTIFICATE SHOULD E. WRITING THE WORD. "PER RWARDED TO THE CHIEF M S. PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA | ă. | | PLACE OF INJURY (AT HOME, | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| DI WRI ARE ATE | 8 | WHILE NOT WHILE AT WORK | | | CITTON TOWN | COUNTY |
| ER: THI ATE, W OR: PA(| 9 | 22a. I certify that I taak charge al the ren | nains described abave, held an | Autopsy . Inspectio | Inquiry . | and in my apinian |
| EXAMINE ERTIFICATION DE FOUNTH THE | MARYLAND | death resulted fram: Natural causes | Accident , Suic | ide | Undetermined manner |]. |
| PIRE VILLE | MAR | ACTUAL) | , (1 | TITLE (SPECIFY) | | DATE 1/2 1C-Y |
| SHOWN | W. Y. | SIGNATURE | New | M.D | MEDICAL EXAMINER | SIGNED 11-14-03 |
| TO MEDICAL EXAMI EXECUTE THE CERTIFIED PAGE A SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH | | EXAMINER'S NAME AMES | E WHEEL | ER ADDRESS 1116 | Gunhollon K | Rd., Crowssville |
| 07/84 BP | 23 | BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) BURIAL 12-2 | 1-85 WOODLA | UN CEMETAL | 23 LOCATION CITY OR TOWN WOOD OLAWN | BALTO MO |
| 25M DHMH - 17 | 2 | FUNERAL DIRECTOR | ADDRESS 495 Ritch | ine Huyle CATE | REC'D BY REGISTRAR 755 RE | EGISTBAR'S SIGNATURE |
| (VR A15 ME (5 | 5)) | OBERT BARRANCO | Severnala | (mo | . 0 | in the second second |
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| 301 | () 2. | T DE | CEASED NAME | FIRST | \overline{a} | MIDDLE | | LAST | 7 | 2a. | DATE KNOWN | | DAY YE | AR ZE HOU |
| / | LASE LIES. DURS REET, | | Geo. | 115 | Kan | - | 1 / | VIC. G | url | | OF ESTI- | 611 | 2819X | 2 0231 |
| 4 | PASSED IN THE STATE OF THE STAT | Ma Ma | ile 4.8 | White | Mar. 1, | 1927 | 6. AGE (IN YEARS LAST BIRTHDAY) 58 YRS. | MONTHS C | YR. IF UND | MIN PR | DATE ONOUNCED DEAD | MONTH /1 | DAY YE | 70 83 4, |
| | A SEE SEE | 7a BI | RTHPLACE (STATE | OR | 76 CITIZEN OF WE | AT COUN | TRY? 8 | MARRIED S | NEVER MA | RRIED 9. | BALTIMORE CITY | Y OR COUN | TY OF DEATH | |
| | NAME OF THE PERSON OF THE PERS | | ennsylvan | | U.S.A. | | | IDOWED (| | RCED 🗆 | Anne A | | | M |
| | 20世界 | 1 | TY OR TOWN OF | | 11. NAME OF HOS | CILITY, GIVE S | TREET ADDRESS) | | ISTITUTION | FOR MOS | OCCUPATION (T OF WORKING LIFE) | | OR INDU | BUSINESS JSTRY |
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| P-21201 | +36 | Ma S | ryland | 13b. COUNT | Arunde1 | 13c. CITY | ortown erna Par | k YE | NSIDE CITY LIMITS | x 27 | ADDRESS 1 Crande | e11 Rd | 1. 211 | 46 |
| - | A B BA | V/a | THER'S NAME FIRST | | MIDDLE | | LAST | | AOTHER'S MA | IDEN NAME | MIDDLE | _ | LAST | |
| N | | | orge | VER IN U.S. ARA | AED FORCES? | McGu | INK | | VEORMANT | | ADDRE | la | ylor | |
| WIL | SION SION | IA | es, NO. OR UNKNOWN | HE YES, GIVE V | YAR OR DATES) | | -14-5847 | | | McGurk | | -11 | | |
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| TS N | EN SWA | | PARTIDEATH | H WAS CAUSED | BY: E CAUSE (o) | M | 1 - | 10 | relia: | arr | est _ | | BETWEENO | NSET AND DEATH |
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| DIVISION OF VIT | HE WE WILL BUILD B | W W | 21a. EXTERNAL C | | 21b. TIME OF HOUR A.M | INJURY MONTH | DAY YEAR | 21c. HOW I | VJURY OCCUR | RED LENTER NATI | URE OF INJURY IN ITEM | 18 PART TORP | ART 2) | |
| NO. | FFOOT | MEDICAL | CONTRIBUTING | CAUSE OF D | | | 19 | | | TOWN. | | | | |
| SIVIS | CERTIF MITING MESSED TO MESSED | MED | WHILE N | | 21e PLACE C STREET, FACT | | | STREET | ON | С | ITY OR TOWN | C | OUNTY | STATE |
| _ | THIS WARE WARE PAGE STATE 2120 | | AT WORK | I WORK | | | | | _ | A-a | | | | |
| | EXAMINER: THI CERTIFICATE, W ULD BE FORWA DIRECTOR: PA(), WITH THE STA MARYLAND, 215 | | | | e of the remains des | | ve, held on | Autopsy L | . Inspec | tion . | Inquiry . | and in my o | pinian | |
| | EXAMINER: CERTIFICATI UID BE FOR DIRECTOR; WITH THE: WARYLAND. | | death resulted f | rom: Naturo | al causes . | Accident | L, Suicid | | Homicide | - Undeterm | nined monner |]. | | |
| | MEDICAL EXAMI CUTE THE CERTIFIC SE 4 SHOULD BE FUNERAL DIRECT FEDERALL, WITH THE | 1 | ACTUAL SIGNATURE | Luni | 2 When | 4 | | M D | ITLE ISPECIFY) | MEDICA | LEXAMINER | DATE | m //-) 5 | 3-85 |
| | DICAL FETHE A SHO NERAL DEATH | V | 7 | JA | TMES | - | 5 | | | . / | I EXAMINER | D | - | • |
| | TO MEDI EXECUTE PAGE 4 TO FUNI BATE | | (TYPE OR PRINT) | _///_ | -town ! | - 1 | NHEFT | E CADDR | RESS | 6 Gu | m 60/10 n | ekd. | (YOWN | sville |
| | PA S P E S | | URIAL, CREMATIO | N, REMOVAL 23 | | | NAME OF CEMET | | | 23d LOCA | OWN | coi | UNIY | - Statie |
| 07/84 25M | BP | | Burial UNERAL DIRECTO | R | 2 Dec. 85 | St | . Denni | s Ceme | etery | | rtown [| e lawa | SIGNATURE | - / 4 |
| | DHMH - 17 (VR A15 ME (5)) | | lames S. | | ADDRESS | on Div | nie MD | 21061 | 1 | IUV 23 | 0 | * The S | O.DITATORE | |
| | (-1) | | alles s. | VIIVIGA | U | CILDUI | HIE HO | C1001 | | | | | | |



| 323614 | 1. | FOR STATE REGISTRAR Willie O. | | ARTMENT OF HE | OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH | IENE B S | 0033 |
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| noy be page 3 | | CEASED NAME FIRST | MIDDIE MACE | 9Mch 1s. DATE OF | lanus 3 | 20. DATE OF DEATH MONTH | DAY YEAR 26, HOUR AM IF UNDER 24 HRS |
| age 4 r | | male ! | Black | MONTH | 19 20 | 65, | |
| neral d in 72 ho | 70 BI | PUNITY) CATOLING | U.S.A | MARRIED WIDOWED | , V | Anne Arc | endel Cours |
| rs after d | A | napolis A | NAME OF HOSPITAL, NU | uratel G | other institution | 120 USUAL OCCUPATION | NG LIFE) 126 KIND OF BUSINESS OF |
| Filled in | 130 5 | M) H. | R INSTITUTION GIVE RESIDENCE | 40112 | YES NO | 39930 RESPECTABLE | etway Ave |
| | 14, FA | FIRST MIDD | me r | navus | Dor A | WIDDLE | MACK |
| IlMORE an medical | | VAS DECEASED EVER IN U.S. ARMED VES NO OR UNKNOWN) (IF YES, GIVE WA V.W., Z | | 8-451 | 17 INFORMANT | P. McMANUS | 3430 ROCKWA |
| physicial and physicial and papers and papers emoval | | 8 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE CA | (Bad. | i- Paf | ristory (| mest | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| he death cer ne affending smare carbo mation, ar or rtraumatic e | | Conditions, if any, which gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONS | Notic. | Prostatic | Carcinonic | 2 Jus. |
| es that the by the please reprint, ar athe | | underlying cause last. PART 2 OTHER SIGNIFICANT CON | DUE TO, OR AS A CONS | | OT RELATED TO THE TERM | INAL DISEASE OR CONDITION | I GIVEN IN PART 1 (s. |
| ON OF VITAL RECORDS, TYSICIAN: The law require ding physician. Us certificate has been sign burial-transit permit. Then Mental Hygiene prior to b an item 18 shaws any injury | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WI | | | 200 AUTOPSY? 20b. II | FYES, WERE FINDINGS USED SETTIFYING CAUSES OF DEATH? YES NO NO |
| IVSICIAN: The ding physicia ph | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. | DAY YEAR | | ED (ENTER NATURE OF INJURY IN STEA | N 18 PART 1 OR PART 2} |
| VG PHY offending ter this is the bu | MED | 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY LAT HOME STREET, FACTORY OF | FICE FARM ETC) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| TTENDIN priol or TOR Affor use of Health 21 is ma | | saw the deceased alive on above (11) we) (did) laid not vie | | | 28 , 19 8 that in (my) (our) opinion (| death accurred on the date and | haur and from the causes stated |
| by the has by the has ERAL DIREC e detached State Dept | | 226 SIGNATURE BANY P. JA 278 PHYSICIAN'S NAME LIVE OF PRIV | than on M | GR DR R | EGREE TIENDING HYSICIAN THE ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 221. DATESIGNED |
| TO HOSPITAL (etoined by the TO FUNERAL (should be deto with the Store (IMPORTANT: # | | BARRY R. N | ATH ANSO | N | 51 FRANK | CINST. AND | JAP MS. 21401 |
| BP | E | WriAL N | 36 DATE VOU 14-1985 | | METERY OR CHEMATORY | ANNAPOLIS | A.A. STAIN |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 FL | EI HICKSHE 19: | 22 forest | Drive | ALIS, NO 250 DAT | REC'D BY REGISTRAR 256 RE | GISTRAR'S SIGNATURE |

Fred I I M. David Donn TENDER TO LETTER ME DIVERSE OF BUTTERNY A and toristally Heart Sug

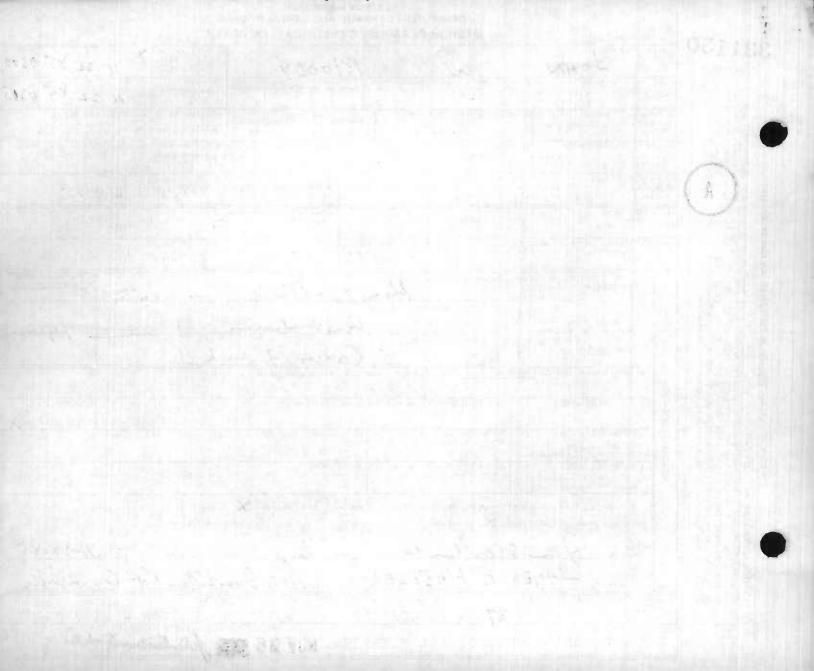
STATE OF MARYLAND

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| 3260 | 44 | 1- | FOR STATE REGISTRAR | | | DEPARTA | | CATE OF | MENTAL HYG DEATH | SIENE | REG. NO | | U | | |
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| | - 7 | | | FIRST | | MIDDLE | | AST | | 20. DATE OF | DEATH / | HINON | DAY | YEAR | 2b. HOUR |
| oy be | 1/ | (TYPE | Jea | nett | е | | Mie | le | | | | 11 | 18 : | 1985 | AA |
| pod so de | P | 3 SEX | (| | 4 RACE | | 5. DATE O | F BIRTH | 100 | 6. AGE (IN Y | EARS LAST BIRTI | HDAY) | IF UNDE | RIYEAR | IF UNDER 24 HRS |
| ector. | | | Female | | Whi | te | 80NIH | 424 | 1922 | | 63 | YRS | MONTHS | DAYS | HOURS MIN. |
| Pog dire | 9/6 | | RTHPLACE (STATEORFO | REIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | □ NEVER | MARRIED - | 9 BALTIMO | RE CITY OF | | Y OF DE | ATH | |
| eoth nerol | 101 | | New York | VA. | U.S. | A. | WIDOWE | | NORCED | Anne | Arun | del | Coun | ty | MD. |
| of the fu | 100 | 1) CI | ry or town of deat Pasadena | Н | (IF NOT IN SUC | HOSPITAL, NURSIN H FACILITY, GIVE STREET AROLL RO | ADDRESS1 | R OTHER INS | NOITUTITE | | | | LIFE) 12b. | 12b. KIND OF BUSINESS OR INDUSTRY | |
| ND 2120 24 hours | 36 | 130. 5 | AL RESIDENCE (IF NURSIN TATE 1 | G HOME OR 3b COUN | TY | GIVE RESIDENCE BEFORE 13t. CITY OR TOW Pasadena | N | 134 INSIDE | CITY LIMITS? | 130. STREET ADDRESS 265 Carroll Rd. 24/ | | | 2// | 122 | |
| d within npletely and 2 sh | 121 |) FA | THER'S NAME Alfonso | 1 | MIDDLE | Rispoli | | 15. MOTHER | rs MAIDEN NA. | I NAME MIDDLE LAST | | | | | |
| RE, A | 0 | 16a, V | VAS DECEASED EVER IN | | | 166 SOCIAL SECU | RITY NO. | 17 INFORM | ANT | | ADDRES | SS | | | |
| мо п опе Роде | med | (' | NO OR UNKNOWN) | (IF YES, GIV | E WAR OR DATES) | 080 12 | 3141 | Frank | R. Fra | casse | 265 | Carr | oll | Rd. | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN The low requires that the death certificate be executed within 24 hours or attending physician. When this certificate has been signed. The attending physician and completely filled in by as the burial-transit permit. Then proceed the attending physician and 2 should be filed. | To come, the | | | MMEDIAT | E CAUSE (a) | line for (a), (b), ap | uc | Busi | st Co | incor | | | | | NATE INTERVAL NSET AND DEATH |
| s that the dec | | | Conditions, if ony, gave rise to imme cause (a), stating underlying cause | the last. | (b) | | | | | | | | | DARY 1 | |
| Sign Sign | io bur jury, d | N | MY CAL | nott. | onditions <u>co</u> | MITHS | DEATH BUT | NOT RELATE | D TO THE TERM | HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 | | | | | |
| L RECOR | ow ony | CERTIFICATION | 19a DATE OF OPERATI | ON | 19b. COND | ITION FOR WHICH | OPERATIO | WAS PERF | ORMED | 200 AUTO | PSY? | IN CERT | ES, WERI | | GS USED OF DEATH? |
| OF VITA KIAN TI g physicie entificate iol-transit | lem 18 sho | | 21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA | USE OF DEA | 110 | OF INJURY M. MONTH DA | AY YEAR | 21c HOW I | NJURY OCCUR | RED (ENTER NA | TURE OF INJUR | Y IN ITEM TE | 8 PART I OR | PART 2) | |
| NVISION VG PHYS orientials orientials | h ond Me | MEDICAL | 214 INJURY OCCURRE | | | OF INJURY REET FACTORY, OFFICE, F | ARM, ETC) | 21f. LOCAT STREE | ION | | CITY OR TOV | YN Y | 00 | UNIY | STATE |
| ATTENDIR spiral or CTOR: A | of Healt | | 22a.l certify that (1) (saw the deceased abave, (1) (w) (c) | | 4 1 70 | ma . | | | , 19 () () () opinion | death occurre | d an the do | te ond he | | rom the co | |
| TAL OR , y the hor y the hor year DIRE | note Dept | | 27b. SIGNATUR | 240 | ouch | 5 | 1 | DEGREE (1) | | MEDICAL | STAF | F IAN [] | 22 | C. DATES | 9/85 |
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| . BP | | | URIAL, CREMATION, R | EMOVAL | | 9/1985 W | | | ematory | | Itimo | | | äryl | |
| | 24 FUNERAL DIRECTOR | | | | | Balto Md. ADDRESS 21225 F.H. 4001 Ritchie Hwy | | | | | STRAR'S | SIGNATU | REdate | | |

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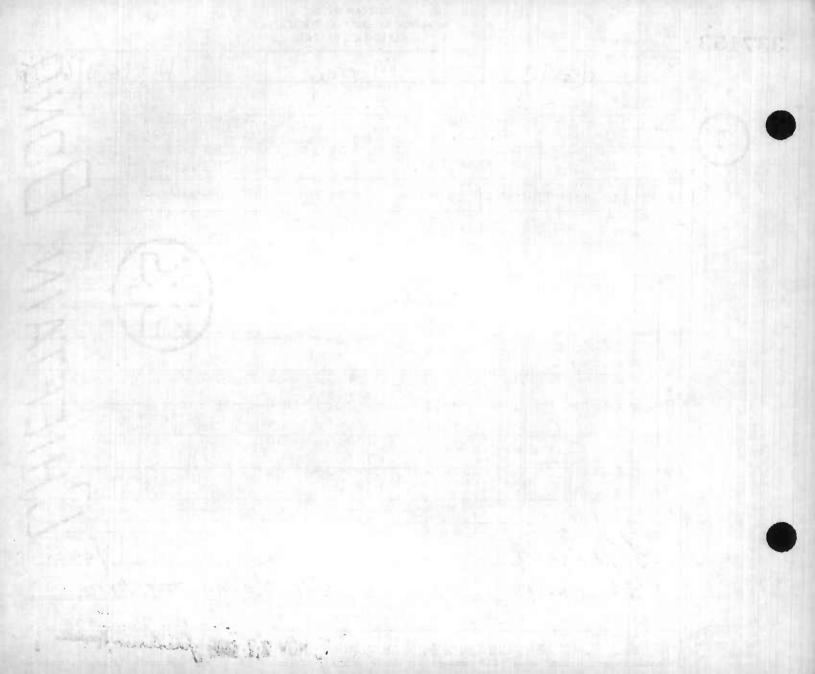
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| 150 | | REGISTRAR | MEI | DICAL EXAMI | NER'S C | ERTIFICATE | OF DEATH | REG. NO. | | |
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| 5 | | RTHPLACE (STATE OR STATE OR ST | 76 CITIZEN OF WE | I.S.A. | 8. MARRI WIDOW | ED NEVER MARR | RIED LA NINI | | EL COUN | |
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| B | USUA 130 S MA | RYLAND ANNE | | 13ARNO LO | | YES NO | 134 SIRFEZADOR | TCHIE | HIGHWAY | |
| | | THER'S NAME OHN R. | widdle MOC | DY LAST | | 15, MOTHER'S MAID MART | C. ^ | J | ACOBS ^{AST} | 012 |
| | 16a. V {YI | (AS DECEASED EVER IN U.S. ARA | AED FORCES? WAR OR DATES) | 235-20- | | ROSE MA | ARY SINK | ADDRESS SAME A | S 13E | |
| | | 18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT | BY: E CAUSE (a) | He | un t | nTT-el | 4 — | out | APPROXI BETWEEN C | MATE INTERVAL DISET AND DEATH |
| | | Canditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> . | (b) | AS A CONSEQUENC | the | nen of | eine Luch |) | 1 | 71 |
| 7 | NO | PART 2 OTNER SIGNIFICANT CONDITIONS C | ONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TE | RMINAL OISEAS | OR CONDITION GIVEN IN P | ART 1 's | | | |
| 7 | IFICATI | 190 DATE OF OPERATION | 19b CONDIT | ION FOR WHICH OP | ERATION W | AS PERFORMED? | | | 20 AUTO | |
| スク | MEDICAL CERTIFICATION | 216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E | | MONTH DAY YE | | OW INJURY OCCURRI | ED LENTER NATURE OF IN | JURY IN ITEM 18 PART I | | |
| | MEDI | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY (AT HOME, ORY, FARM, ETC.) | | CATION | CITY OR TO | WN | COUNTY | STATE |
| | | 22a. I certify that I took charg death resulted fram: Natur ACTUAL SIGNATURE | al causes | | Autap Suicide | , Hamicide | Undetermined m | onner, | PATE //-> | 2.11 |
| 2 | | EXAMINER'S NAME JAN (TYPE OR PRINT) | ES E | WHEELE | R | ADDRESS///6 | Gumboll | on Rd- | Cowns | ville |
| 1 | Bi | JRIAL, CREMATION, REMOVAL 2 PECIFY) JRIAL | 11- 27 -85 | BENEFI | | FAII | | | | STATE RGINIA |
| | 24 Ft | INERAL DIRECTOR | HOME BOX | (161 FA] | RVIE | | REC'D. BY REGISTRA | Le Devident | R'S SIGNATURE | * |
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STATE OF MARYLAND

THE SERVICE

| 37453 | 1 - | FOR STATE REGISTRAR | DEF | ARTMENT OF H | E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH | GIENE REG. NO | 3 0 |) S G |
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| by be | (TYPE | CEASED NAME OR PRINT) | A TINY | M | Jrau | 20. DATE OF DEATH | MONIH - DAY YE | 85 6.43 M |
| ge 4 mo | 3. SE | EMALE | CAUCASIAN | S. DATE C | | 6 AGE (IN YEARS LAST BIRT | | YEAR IF UNDER 244-RS |
| od hos | | THE GINIA | U.S.A. | MARRIEI WIDOWE | DI NEVER MARRIED | ANNE ARU | | |
| | | TY OR TOWN OF DEATH GEWATER | 9 03 SHORE | URSING HOME C STREET ADDRESS) | R OTHER INSTITUTION | TELEPHON | | OR DEPT. |
| filled in sould be | USU/ MA | AL RESIDENCE (IF NURSING HOME RYLAND ANNEC | OR OTHER INSTITUTION GIVE RESIDENCE ARUNDEL 131 EDG | EWATER | 13d INSIDE CITY LIMITS? YES NO 🛣 | 13. STREET ADDRESS | RE CORIVE | INTERIOR |
| mpletely ond 2 st | | RVING | ROBEY | 51 | EDITH | MIDDLE | THOMPS | |
| Poges 1 | Ión V | VAS DECEASED EVER IN U.S. | | SECURITY NO. 50-2358 | EDITH R. | BILCHAK AR | | OAK LANE TEXAS |
| equires that the death cen a signed by the ottending Then please remove carbo r to bural, cremotion, or re injury, or other traumotic e | NOI | Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse last | DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTIN | seouence of | NOT RELATED TO THE TER | minal Diséasé or Con[| DITION GIVEN IN PAR | ?T \$10 |
| on. hos bee t permit rene prio | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR V | VHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF YES, WERE FI IN CERTIFYING CAL YES | NDINGS USED USES OF DEATH? NO |
| uG PHYSICIAN. T offending physici cer this certificate is the buriol-transit and Mental Hygher and Men | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMINATION OF CURRED WHILE ALL WORK ALL W | | 19 | 211 LOCATION STREET | RRED (ENTER NATURE OF INJUR . CITY OR TO | | |
| TO HOSPITAL OR ATTENDIN etonined by the hospital or in TO FUNERAL DIRECTOR, after should be detoched for use owith the Store Dept. of Health MAPORTANT: If them 21 is more | | 22a certify that (i) (this has seen alone the decead alive control of the contr | spital) attended the deceased on not) view the body after death. | .19, ar | d that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 22e ADDRESS | , to | 22c D | the causes stated |
| BP | 23a E | URIAL, CREMATION, REMOV SPECIFY) BURIAL | 11-22-85 | | EMETERY OR CREMATORY LINCOLN B | CITY OR TOWN | RINCE, GE | ORGE MD. |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 FL | JNERAL DIRECTOR | ANS ANNAPOLI | • | 25a. D | ATE REC'D. BY REGISTRAR | | dridate |



| 24.000 | FOR STATE | | | DEPARTMENT OF | HEALTH | | | E 5 | 3 0 | 0 , | 5 7 |
|---|---|--|----------------------|---|--------------------|------------------------|--------------------|---------------------------------------|----------------------|-----------|---------------------------------------|
| 316031 | REGISTRAR 1 DECEASED NA/ | RICHAR | λ \ | OHA | Klark | EKTIFICATE PATE | | 20. DATE KNOV OF EST DEATH MATI | . 40 | DAY | YEAR 26 HOUR |
| NRY, PLEAS DIRECTOR OUR FILE 172 HOUR | Male | White | DATE OF BIRTH | 1985 6 AGE (IN YE LAST BIRTHD | | | MIN | 2c DATE PRONOUNCED DEAD | MONTH | DAY 19 | B- 445 |
| IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 GW YOUR FILES. ED, MITHIN 72 HOURS PRESTON STREET | 7ª BIRTHPLACE FOREIGN COUNTRY Marylan 1D CITY OR TOWN | d | U.S.A. | PITAL, NURSING HOM | WIDOW | | DRCED D | Anne Ar | rundel | 12b. KIND | OF BUSINESS |
| DELAY N PAG N PAG S FILE | Glen Bu USUAL RESIDENCE 130 STATE | | North A | CILITY, GIVE STREET ADDRESS CUNDED HOSP VE RESIDENCE BEFORE ADMISS 134. CITY OR TOWN | ION | 13d. INSIDE CITY LIMIT | no | NOST OF WORKING LII | FE) | OR IN | IDUSTRY |
| EATH, FANY EST, SPANDA EST, SPANDA MP 2 SHOULD FVIMA ECO. | MD. | A./ | MIDDLE | Glen Burn | ie | YES NO | xx 18 | 5 K Viro | ginia La | | |
| TIMO THER DE PAGE PORN FORM | (YES, NO, OR UNK | ED EVER IN U.S. ARME | D FORCES? | Noratel Sr | | Anita 17. INFORMANT | 1 No. | ratel Sr | DRESS | Gardn | |
| HOUR W 18. WAIT. NE, D | IS CAUSE PARTI | OF DEATH (Enter only of DEATH WAS CAUSED B IMMEDIATE | SY: | none far (a), (b) and (c).) | 5 | Richard | 0. 110 | - I atel 31 | . same | APPRO | DXIMATE INTERVAL N ONSET AND DEATH |
| WITHIN Z WITHIN Z WICK IN INER AL FRANSIT VITAL HYCOR REMO'S | gave couse (| ons, il any, which rise to immediate a) stating the <u>under</u> - ause last. | (b) | AS A CONSEQUENCE | | | | | | | |
| F VITAL RECORDS, 201 V TE SHOULD BE EXECUTED WORD "PENDING" IN PE HE CHIEF AEDICAL EXAM OR BUSED AS A BURIAL!— BRY OF HEALTH AND ARE OBURIAL, CREMATION, OF | | SIGNIFICANT CONDITIONS CON | | NUT NOT RELATED TO THE TERM | | | N PART 1 to: | | | 2D AUT | OPSY? |
| CRTIFICATE SHOULD TING THE WORD "PE DED TO THE CHIEF A 3 SHOULD BE USED. J GERATINENT OF HELE I PRIOR TO BURIAL, C | UNDERLYIN | NAL CAUSE WAS IG OR TING CAUSE OF DE | | INJURY MONTH DAY YEA | R 21¢ HC | OW INJURY OCCU | RRED LENTER N | NATURE OF INJURY IN | ITEM IS PART † OR P. | | NO [|
| ARRIAN D | 21d INJURY WHILE AT WORK | OCCURRED NOT WHILE AT WORK | 21e PLACE C | DF INJURY (AT HOME, ORY, FARM, ETC.) | | CATION | | CITY OR TOWN | cc | YTMUC | STATE |
| TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. A PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STYRE BALLIMORE, MARYLAND, 21 | 220 1 ce death resu ACTUAL SIGNATUR | 0 | causes \boxtimes . | | Autaps vicide . | Hamicide TITY (SPECIFY |) | Inquiry , | ond in my a | pinion | 5-85 |
| TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT | EXAMINER (TYPE OR PI | NAMEZ - S | | r, M.D. | | ADDRESS Crow | onsvill | cal examiner Rock Le 21032 CATION | ad SIGN | EDC. | |
| BP | Burial 24 FUNERAL DIRI | | 8 Nov. 8 | | | lem. Pk. | GI TE REC'D. BY | en Burn | ie A.A. | - | |
| (VR A15 ME (5)) 20M 4/B2 | 1.07.0.116 | S. Kirkley | | urnie MD. | | | MON | 7 1999 | 0 = = 50 | inver- | Profession . |

| . de | 1303 | | 8,21a,b,c,d,e,f | ,22a,Film | G611 STA | TE OF MARYLAND HEALTH AND MENTAL I | IVOIENE -3 S | 0 0 4 0 |
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| 13: | 1145 | 1- | STATE 1/23/86 kam REGISTRAR | | DICAL EXAMIN | | | |
| OC | , | | CEASED NAME FIRST | | MIDDLE | LAST | 20. DATE KNOWN | MONTH DAY YEAR 26 HOUR |
| | % ~ ~ % ₽ F | (TYP | FORPRINT) Kennet | -h | I. | Norville | OF ESTI- | 11-17 1985 M |
| | FLEASE FLLES HOURS | J SEX | | S. DATE OF BIRTH | 6 AGE INY | EARS IF UNDER 1 YR. IF UNDER | R 24 HRS. 2c DATE | |
| 1 | . ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | M | ale Caus | MONTH DAY | 1955 30 | Mount of the first | MIN PRONOUNCED DE AD | 11-18 1985 5:00 p. M |
| 1. | SAR YOUNG | Zo Bl | RTHPLACE (STATE OR - | 76 CITIZEN OF W | HAT COUNTRY? | rrs. | BALTIMORE CITY OR | |
| 7 | NECESSARY, UNERAL DIRE 5 FOR YOUR WITHIN 72 H | 10 | HEIGH COUNTRY) | 11 | SD | MARRIED NEVER MARR | RIED - | dol County |
| | | 10 CI | TY OR TOWN OF DEATH | II NAME OF HO | SPITAL NURSING HOA | E, OR OTHER INSTITUTION | | DF WORK 126 KIND OF BUSINESS |
| 4. | AY IS THE F FILED | - | | (IF NOT IN SUCH FA | ACILITY, GIVE STREET ADDRESS) | | AFOR MOST OF WORKING LIFE) | OR INDUSTRY |
| | DEL N N N N N N N N N N N N N N N N N N N | | Glen Burnie AL RESIDENCE (IF IN NURSING HOMEO | | untain Rd., | | 1 computer to | varemer - |
| 21201 | SEA DO | 130 5 | TATE 136 COUN | TY CALLET ON G | 12 CPTOR TOWN | 13d INSIDE CITY LIMITS? | 13 STREET ADDRESS | 21001 3B |
| | Y X X X | 111 | HIGHHAM DAVI | ur Huma | of Coles | DUITINE YES NO E | 1121000111 | IN KP HOL |
| W QW | E-104 | Mark A | ATHER'S NAME | MIDDLE | LAST | IS. MOTHER'S MAID | EN NAME MIDDLE | AST |
| E. | ASS SE | 46 | Herbert | C | NOTVIL | le Flo | rence | Brown |
| IMO | PAR PAR | | WAS DECEASED EVER IN U.S. ARA | MED FORCES? | 166 SOCIAL SECURI | TY NO. 17 INFORMANT | ADDRESS | 1357 Brenda Ro |
| BALTIMORE, MD, | 2>-00 | | NO - | | 0179 | x780 Herber | rt Norville | severn, mo |
| : | WITH PA | | 18 CAUSE OF DEATH (Enter on | ly one cause per line | for (a), (b), and (c).) | CONTRACTOR OF THE PARTY OF THE | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| W. PRESTON ST | A ENERGY HO | | PART I DEATH WAS CAUSED | D BY: TE C AUSE (0) | Barbitura | ate Intoxicatio | n | |
| STO | FD WITHIN 24 P A PENCIL IN ITEA AMINER ALON AL - TRANSIT PER MENTAL HYGIEI V, OR REMOVA | | | | AS A CONSEQUENCE | OF | | |
| - A | ANS NNS NNS NNS NNS NNS NNS NNS NNS NNS | | Conditions, if ony, which gave rise to immediate | | | | | |
| × | ON THE WAY | | cause (a) stating the under- | < '' | AS A CONSEQUENCE | OF | | |
| 201 | EXA ON, | | lying cause lost. | (c) | | | | |
| DIVISION OF VITAL RECORDS, | ULD BE EXECUTED "PENDING" IN PI EF MEDICAL EXAL ED AS A BURIAL HEALTH AND ME AL, CREMATION, | | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH | RUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIVEN IN P | ART 1 to | |
| 0 | MEDIN MEDIN MEDIN AS A I CREM | Z | | | | | | |
| 8 | 35 X 4 2 7 - | Y | 190 DATE OF OPERATION | 196 CONDI | TION FOR WHICH OPE | RATION WAS PERFORMED? | | 20 AUTOPSY? |
| ¥ | 58 <u>5</u> 36 <u>8</u> / | CERTIFICATION | | 100 | | | | YES XX NO |
| > 7 | CERTIFICATE SHITING THE WORDED TO THE CORD SES SHOULD BE DEPARTMENT TO BUILD PRIOR TO BUILD PRIO | 8 | 210 EXTERNAL CAUSE WAS | 216. TIME O | | 216 HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM 18 PA | RT 1 OR PART 2) |
| 2 | A RIM | | UNDERLYING DOR CONTRIBUTING CAUSE OF I | DEATH ? PA | A. MONTH DAY YEA | | gested drug | |
| ISIO | ERTII ING ING S SH PRIC | MEDICAL | 214 INJURY OCCURRED | 21e PLACE | OF INJURY (AT HOME, | 21f LOCATION | | |
| 5 | VRITIN VRITIN VRDED GE 3 S GE 3 S 201 PR | Z | AT WORK AT WORK | 3 Home | CTORY, FARM, ETC.) | STREET | ain Rd., Apt. 3B | Glen Burnie, Md. |
| | STA PA | 100 | | | ent of | | | |
| | EXAMINER: CERTIFICATION BE FOR DIRECTOR: J. WITH THE | | 228 I certify that I took charg | ge of the remains d | abave, held an | Autopsy XX, Inspection | | in my opinion |
| | EXAMII CERTIFI UID BE DIRECT , WITH WARYL | | death resulted lying Natur | ral causes | Mycident | Homicide | Undetermined monner | |
| | A VERNER | | ACTUAL X VOI 11 | 11/1/ | Maxh/ | TITLE (SPECIFY) | | DATE 11-10-85 |
| | CAL EXA THE CER SHOULD SATH, WI SATH, WI | / | SIGNATURE COLL | WILL | 714 | Assistan | MEDICAL EXAMINER | SIGNED_11-19-85 |
| | NO SECTION OF THE PROPERTY OF | | EXAMINER'S NAME | nnia E C | M D | 111 1 | Penn St., BAlto. | , Md. 21201 |
| | TO MEDICAL EXAMMED EXECUTE THE CERTIFE PAGE A SHOULD BE A TO FUNEXAL DIRECT PAGE BEATH WITH BALTIMORE, MARYL | | | | myth, M.D. | - ALL MISSING | | , rid. ZIZUI |
| | NEII | 230.B | URIAL, CREMATION, REMOVAL 2 | | 230 NAME OF CI | METERY OR CREMATORY | 234 LOCATION CITY OF TOWN | STATE STATE |
| 07/B4 25M | BP/71 | 74 E | UNERAL DIRECTOR | 11-37-8 | 24 1118.1 | JAMON OF CON | REC'D BY REGISTRAR 23 N. REGIST | IN IND |
| | DHMH - 17 | 0 | NAME TO COLOR | - 11 Along | of RITCH | IL HUMIN 2 | S TO ST GULL WITH | and the same |
| | (VR A15 ME (5)) | - | MULHIO P | . M. Z | FUERNO | PKM | 10000 | |
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and the improvement of the second comments and the second CONTRACT DE L'ANDIE TEMPET MONTE L'ANDIE L'AND SHE LETTER OF THE PROPERTY OF LE STATE OF STATE OF

| | _ F | | | 2b, 15, 17 | EPARTMENT | OF HEALTH | | | GIENE 5 | 3 | 0 | and and | 1 |
|--|-----------------|---|---|---|---|-------------------|----------------|------------------------|---|--------------------|---------------|----------------------|----------|
| applica | 1 - S | TATE 12/2/ EGISTRAR | 85 rja | | ICAL EXA | | | | | REG. NO | | | |
| 337000 | DEC | EASED NAME | FIRST | | MIDDLE | | LAST | | 20. DATE | KNOWN D | | DAY YEAR | 2b. HOUR |
| 28.28.5 | (1117 | OKPRIITI | Patri | ck Ro | bert 0 | Brien | | | DEAT | H MATED | 11. | 221085 | M |
| PLE ECT CENTRE LA PLE L | 3. SEX | 4 | RACE | 5 DATE OF BIRTH | YEAR LAST | (IN YEARS IF UN | | | 4 HRS. 2c. DAT | E | MONTH | DAY YEAR | 2d. HOUR |
| A Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | Ma | | White | 8 -8- | | | | 1100.13 | DEA | D | 11 | 221985 | /235 |
| LAY IS NECESSARY, PLEASE THE FUNRAL DIRECTOR. AGE 5 FOR YOUR FILES. FILED, WITHIN 72 HOURS SOI W. PRESTON STREET. | Ba | THPLACE (STA IGN COUNTRY) 1 timor | re Md. | USA | | WIDOV | VED 🗆 | VER MARRIE DIVORCEI | Ar | morecity one Ar | unde | 1 | MD. |
| PAGE FILED | Cr | ownsvi | ille | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) | | | | DRKING LIFE) | PE OF WORK 12B. KIND OF BUSINESS OR INDUSTRY I AMAW | | | | |
| NAV D NAD 3 RETAIN HOULD RECORD | USUAL 130 ST | RESIDENCE (II | 13b CQUN | OR OTHER INSTITUTION, GIV A. CO. | 13c_CITY OR TO | | 13d INSIDE CI | NO XX | 130. STREET ADD | Ridge | Pla | ce 210 | 32 |
| P manage / | 1 14 FATHER | | | FATHER'S NAME | | | | | | | | | |
| 10 Km 42 | | atrick | | Robert | 0 Br | | Mar | - | Ca | | | nLandi | ngham |
| 2000 | 16a W. | AS DECEASED NO. OR UNKNOW Yes | EVER IN U.S. AR | MED FORCES? | 166. SOCIAL SEC | | 17. INFORM | | | ADDRESS | | | 20-20 |
| A SOUND A SOUN | | | | nly one couse per line | | 5-8981 | Ber | tna . | E. O'Br | ien I. | 3e | APPROXIMATE | |
| S. 201 W. PRESTON S. ECUTED WITHIN 24 HO S. EXAMINE ALONG AL EXAMINE ALONG MIRIAL - TRANSIT PERM ND MENTAL - TRANSIT PERM STRON, OR REMOVAL. | | Conditions gove rise cause (o) s lying cause | , if any, which to immediate tating the <u>under</u> e last. | TE CAUSE (a) | AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE | NCE OF | Ato | SIS | Left | - Co | ION | BETWEEN ONSE | and Deam |
| SA BOIC | | Sta | A A A C | On in the second | OILA. | E TERMINAL UISEAS | E OK CONDITION | N GIVEN IN PART | 1 (a). | | | | |
| WTAL RECORDS. SHOULD BE EXC. OND "FENDING". OHET MEDICAL BE USED AS A BUIL TO FHEATH AN | CERTIFICATION | 19a. DATE OF C | PERATION | 19b CONDIT | ON FOR WHICH | OPERATION W | 'AS PERFOR | MED? | | | 10 | 20 AUTOPSY? | NO D |
| ON OF W FRCATE S TO THE OF FOULD BE CARMENT OR TO BU | | 210 EXTERNAL UNDERLYING CONTRIBUTING | | | MONTH DAY | YEAR | YAULNI WC | OCCURRED | (ENTER NATURE OF | NJURY IN ITEM 18 P | 'ART 1 OR PAR | | NO EX |
| DIVISION WRITH WARDED AGE 3 SP ATE DEP | 1 W | WHILE AT WORK | NOT WHILE [| | F INJURY (AT HO DRY, FARM, ETC.) | | CATION | | CITY OR T | OWN | COU | NTY | STATE |
| O MEDICAL EXAMINER: SECUTE THE CRETIFICATE, A CONNERLY DIRECTOR: TO FUNERLY DIRECTOR: AFTER DEATH, WITH THE SI | | 228 I certify death resulted | | ge of the remains desc real causes | ribed obove, held | Suicide | | | Undetermined r | nanner . | DATE | | 185 |
| TO MEDICAL I EXECUTE THE PACE A SHOOT TO FUNERAL AFTER DEATH | | XAMINER'S N | T) _{Al·ll | | oves, | m.D. | ADDRESS 6 | 95 / | | | | / / | my. |
| 650555 | (58) | remat: | ON, REMOVAL | 11-23-85 | | rcemetery o | | YXC | 23d LOCATION CITY OF TOWN | imore | COUNT | Md. | ATE |
| BP | 24 FUI | VERAL DIRECT | OR | | | | 2 | 250. DATE RE | | | STRAR'S, SJ | GNATURE Son-Hande | 00. |
| DHMH - 17 (VR A15 ME (5)) | 7 | A. H | ardest | y Annaporess | lis, Md | .21401 | | NUV | 45 1985 | guina | - David | son-Nanda | |

Chest of manage of the vest Commence of the Article College the property of the second second second DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 2003 | 9 | REGISTRAR | | | CERTIF | ICATE OF DEATH | | REG. NO. | | |
|------------------------|---------------|--|--|---|--------------------|-------------------------------------|-----------------------|-------------------------------|----------------------------------|-------------------------------------|
| deoth N | TYPE | AG | ines so: | PHIA | | VENS | 20. DATE OF | DEATH MONTH 1 | 99 1985 | 26 HOUR 0 12 PM |
| 4 4 | 3 SE | x emale | 4 RACE White | | 5. DATE C | DAY - YF+R | 6. AGE (IN YE | EARS LAST BIRTHDAY) | MONTHS DATS | HOURS MIN. |
| Sino / | | RTHPLACE ISTATE OR FOREIGN | | WHAT COUNTRY? | Marc | h 29, 1894 | 9 BALTIMO | RE CITY OR COUNT | Y OF DEATH | |
| (PS) | | nnesota | U.S. | WILL COOKING | | NEVER MARRIED | | | TO DEATH | |
| 0 | | ITY OR TOWN OF DEATH | The state of the s | HOSPITAL, NURSING | WIDOWE G HOME C | D DNORCED DNORCED | | Arundel | 12b, KIND O | MD. OF BUSINESS OR |
| | Ar | napolis | Anne A | rundel Ge | neral | Hospital | | bler (ret | | acting |
| To | 130 5 | | LE OR OTHER INSTITUTION OUNTY LChland | GIVE RESIDENCE BEFORE 13c CITY OR TOWN Shelby | | 13d INSIDE CITY LIMITS? YES NO 🔀 | | ADDRESS / ZIP COD | DE 94 | 299 |
| 11 | 14 F/ | ATHER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN N | IAME | MIDDLE | IAS | |
| 16 | M | latthias | | Mattson | | Mary | | | known) | |
| 3 | | | 5. ARMED FORCES? 25. GIVE WAR OR DATES) None | 166 SOCIAL SECUE 281-07-9 | | Mr. Howard | on) N. Hartı | ADDRESS 244 man, Arnold | Holly Ri | idge Circ |
| ury, ar other traumoti | 2 | Conditions, if any, whice gove rise to immediaty couse io), stating the underlying couse los | DUE TO, OI | r as a conseque | STRI | 1 obstruction 10 1 NTESTIN | AL BL | | | 0 |
| lu kar | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH (| OPERATIO | N WAS PERFORMED | 200 AUTO | IN CERT | ES, WERE FINDIN IFYING CAUSES | |
| | | 210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXA | DE DEATH HOUR A. | M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCU | JRRED (ENTERNAL | TURE OF INJURY IN ITEM 18 | PART I OR PART 2) | |
| rked or | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE ((AT HOME STR | OF INJURY IEET FACTORY, OFFICE FA | RM ETC) | 211 LOCATION STREET | | CITY OR TOWN | COUNTY | STATE |
| ZI is mo | | 22a I certify that (I) (this I saw the deceased aliv above, (I) (we) (did) (d | | | | d that in (my) (our) opinio | n death accurred | | | that (I) (we) lost couses stated |
| IT: If hen | | | nustro | ilsa | | ATTENDING PHYSICIAN | MEDICAL DIRECTOR [| STAFF PHYSICIAN | 22c DATE | SIGNED 19-85 |
| MPORTAN | | Dr. Thomas W | | 3-44 | | 22e ADDRESS 269 Pennisu | ıla Farm | Poad Ar | be bloc | 21012 |
| <u>X</u> | 1 | SURIAL, CREMATION, REMO SPECIFY) Cremation | | er 20. | | EMETERY OR CREMATORY | 23d LOCA | | COUNTY | STATE |
| M 7/B4 | | naleton Funer | 401 | 11 1 | | 25a D. | | EGISTRARI 25b. REGIS | | |

the state of the s 45 A 10 12 35 C 18 31 C 2 5 (1 1 1 2 1 5 1 personal programme and the second second

| 300 | 9039 | | 1- | FOR STATE REGISTRAR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | | | | | | | |
|--|---|------|---------------|--|---|-----------------------------------|--------------------------|--|--------------------|-------------|----------------------------------|--|
| | | | 1. DEC | EASED NAME FIRST | MIDDLE | LAST | | 20. DATE OF DEATH MONTH DAY YEAR 26. H | | | | |
| | e € | | (TYPE | OR PRINT) | lward Earl | Peregoy | . Sr. | November | 30 1 | 985 | 10:20% | |
| 9 | page 3 | | 3. SE) | | 4 RACE | S. DATE OF BIRTH | | 6. AGE (IN YEARS LAST BIRT | | UNDERTYEAR | IF UNDER 24 HRS | |
| - 4 | ofte. | | 3. 527 | | 1.71 | Feb. 3 | . 1911 | 74 | | THS DAYS | HOURS MIN | |
| 960 | 11 | 31 | 7a R1 | Male RTHPLACE (STATE OR FOREIGN | WILTE Th CITIZEN OF WHAT COUNTRY? | 8 | | 9. BALTIMORE CITY O | P COUNTY OF | FDEATH | | |
| = | 100 | (V) | | OUNTRY) | USA | | IEVER MARRIED | Anne Arundel County MD | | | | |
| death. | (32) | ¥ | 10 (1 | Mary Land | 11. NAME OF HOSPITAL, NURSIN | WIDOWED | DIVORCED FR INSTITUTION | 120. USUAL OCCUPATION 120. KIND OF BUSINESS OR | | | | |
| O) rs offer | 1 | D | Ba | ltimore | 711 Hammond | s Lane | | (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Supervisor for Chemical | | | nical | |
| BALTIMORE, MARYLAND 2120 cote be executed within 24 hours | Alled in | 36 | 13a S | TATE 136 COULTAINS AND E OF TATE 136 COULTAINS AND E | | E ADMISSION) /N 13d. IN IMORE YES | SIDE CITY LIMITS? | 13. STREET ADDRESS 711 Hammo | onds L | ane, | Plant 21225 | |
| thin the | 15 7 | A. | 14. FA | THER'S NAME | MIDDLE LAST | 15. MC | THER'S MAIDEN NA | ME MIDDLE | | LAS | | |
| 3 70 | 11/1 | 11 | | Edward | L. Pere | gov | Emma | L | | Bei | rends | |
| E, A | 8-0/9 | ~ | 16a V | AS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SECT | | FORMANT | ADDRE | \$5 | | | |
| ex ex | Poge Ped | 1 | -0 | ES, NO OR UNKNOWN) (IF YES, GIV | (E WAR OR DATES) 213-01- | 9343 D | orothy A | . Peregoy | Same | as # | #13 | |
| e pe | 85 4 | 1 | | IN CALISE OF DEATH (False | alu ana saura per lina for (h) (h) ar | | 1 | | | | MATE INTERVAL ONSET AND DEATH | |
| | pop pop | | | | nly one couse per line for (a), (b), or ED BY: | aluei | T | | | | | |
| ST. | 232 | | | IMMEDIA | TE CAUSE (0) | | | | | | | |
| PRESTON he deoth o | a, a | | | | DUE TO, OR AS A CONSEQU | ENCE OF | 11. D ma | & CIDIF | 10- | | | |
| d e | nove atio | | | Conditions, if any, which gove rise to immediate | (b) tenere | 1, 3,4 | 0.2 000 | X | | | | |
| ¥ 10 | by the sse rer , crem | | | cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQU | ENCE OF | | | | | | |
| 301 v | 200 2 | | | | (c) | | | | | | | |
| L C | fhen pl ta burn | | Z | EPILEPS | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT R | ELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIVEN | IN PART I | 0 } | |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir | | | CERTIFICATION | 190. DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS | PERFORMED | 20a AUTOPSY? | 206. IF YES, V | WERE FINDIN | NGS USED | |
| d o | ding physician. is certificate has been burial-transit permit. Mental Hygiene prior ir them 18 shows any in | 4 | FIC. | THE DATE OF OFERNIOR | The contained on the contained | TOTELL TOTAL | | | IN CERTIFYIN | NG CAUSES | | |
| The The | te hist passing | 1 | E | 21a. ACCIDENT WAS UNDERLYING | 7 216. TIME OF INJURY | 121c H | IOW IN ILIBY OCCUP | YES NO | YES | | NO [] | |
| Z Z | ding physicio is certificate burial-transit Mental Hygie ar them 18 sho | 1 | | OR CONTRIBUTING CAUSE OF OE | | | io ii ii sokii occok | KED TENTER INNOVE OF BOO | II WATER ID, I AND | | | |
| o Dis | certification of them | 7 | Ş | (IF EITHER, NOTIFY MEDICAL EXAMINER | | 19 | OCATION | | | | | |
| SS YH | e e | , / | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC.) | STREET | CITY OR TOV | ٧N | COUNTY | STATE | |
| 200 | | | | AT WORK | | 100 | | | | | | |
| ATTENDIN | | | 77 | | oital) attended the deceased from. | | | , to | | | that (I) (we) lost | |
| | RECTOR ned for upt. of H | 4 | | | ot) view the body. ofter death. | | | death accurred on the de | ate and hour o | | | |
| O NO | DIRECTOR PORTS | | | The SIGNATURE | 1 m | DEGRE | | Cherrien Can | | 22c. DATE | SIGNED | |
| | AL Clero | 1 | | | -//- | | | MEDICAL STA | IAN 🗆 | | | |
| HOSPITAL | FUNERAL uld be der of the Stote | 7 | | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e. A | DDRESS | ^ | -11 | 0 - | 10.1 | |
| | | 5/ | | Dr.E. M. R. | AMOS | 140 | DOU ANN | APOLIS, | Rd, N | 102 | 122/ | |
| 5 | sho sho | | 23a. E | URIAL, CREMATION, REMOVA | L 23b. DATE 23c. | NAME OF CEMETE | RY OR CREMATORY | 23d LOCATION | | MINITU | STATE | |
| | BP | | (| Burial | 12/3/1985 Ce | edar Hil | 1 Cemete | ry Balto. | . A.A. | Co. | 27.7 | |
| | HMH - 16 25M | | 24 FI | JNERAL DIRECTOR | | | 25e DA1 | E REC'D. BY REGISTRAR | | | 7 | |
| | (VR A 35 (4)) 9 | 7/74 | M | ccully Funera | alHomes 237 F | Pataps | co Ave. | 3 1985 | Mary. | MATERIAL | then we | |
| | | | 1.7 | JOHLLY I WILLIAM | 25/ R | ravays | CO AVE. | | CARA | SAN TON | | |

AGAG S Long AS 2 2 A TIME TO THE PARTY OF LETERAL BY STREET WITH STREET EWAXIE z. TOTAL TOTAL BOLL & LUDY THE RELEASE OF THE HER LAND TO THE SERVICE OF THE PARTY OF THE PARTY.

| 318108 | 1 - | FOR STATE REGISTRAR | | | DEPARTN | MENT OF | TE OF MARYLA HEALTH AND A FICATE OF L | MENTAL HYG | IENE & | 5 | 3 0 |) () | EDT |
|--|---------------|---|--|---------------------------------------|--|--------------|---|------------------------|---|---------------------|-------------------------------|------------------------|--------------------------------|
| 3 75 | | CEASED NAME OR PRINT) | ROSE | | MIDDLE | PERF | LAST Y | | | REG. NO. DEATH MONT | | YEAR 1985 | 26 HOUR 1108 AM |
| P aoy | | nale | | 4 RACE White | | 5. DATE | OF BIRTH | 96° | 6 AGE (IN VE | ARS LAST BIRTHDAY | | NDER I YEAR | IF UNDER 24 HRS. HOURS MIN. |
| deoth Po | / 1 | RTHPLACE (STATEORS | | USA | WHAT COUNTRY? | WIDOW | | VORCED [| 9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY | | | TY MD. | |
| s ofter | | GLEN BUR | NIE | NOR | HOSPITAL, NURSIN HEACHURGIVESTINE IH ARUNDE | LHOS | | TITUTION | | CCUPATION SEWITE | | NOME | F BUSINESS OR Stic |
| n 24 hou | Mai | AL RESIDENCE IN NURS | 13b AOU | ROTHER INSTITUTION NTY | 13c CPASSOE | | 134 INSIDE C | NO 🗌 | 14 | DDRESS / ZIP | | Dr. | 21122 |
| orbiti | | | | MIDDLE | chr | S MAIDEN NAM | MIDDLE LAST . O | | | | | | |
| be exect | | VAS DECEASED EVER (ES. NO OR UNKNOWN) | I HEYES GR | RMED FORCES? VE WAR OR DATES) | 166 SOCIAL SECU | | MES. | ANN | Domo | 1 | Sam | | # 13 |
| in the death certificated by the ottending phy lease remove corbango ial, cremation, or remove or other troumotic events. | | Conditions, if ony, gove rise to imm cause (a), statin underlying cause | MMEDIA , which nediate ig the | DUE TO, O | CO'CONOUE OR AS A CONSEQUE | NCE OF | vitery | . dio | lase | | | y e | ARS . |
| he low requires on. hos been signe t permit. Then p ene prior to bur | CERTIFICATION | PART 2 OTHER SIGN | TION | 196 COND | ITION FOR WHICH | | DN WAS PERFO | RMED | 20e AUTOI | PSY? 20b | IF YES, W CERTIFYIN YES | ERE FINDIN G CAUSES | |
| DING PHYSICIAN: To attending physics After this certificate e os the buriol-transication of more don't more don't emplay morked or them In the | MEDICAL CE | 216. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI 216. INJURY OCCUR! WHILE NOT WHAT WORK AT WORK 220. I certify that (I) | CAUSE OF DE. CALEXAMINE RED | ATH HOUR A. P. 21e PLACE (AT HOME, ST | .M. MONTH DA .M. OF INJURY REET, FACTORY OFFICE F | 19 | 211 LOCATION STREET | DN 85 | ED (ENTERNATI | CITY OR TOWN | EM 18 PART (| COUNTY | STATE |
| HOSPITAL OR ATTENDED by the hospital FUNERAL DIRECTOR: ald be detached for us, the State Dept of Heep State Dept of Heep STATE: If them 21 is not all is n | | sow the decessing above (1)/(we) (c) 22b SIGNATURE 22d PHYSICIAN'S N | ed alve on | 2.21.11 | aley, 10 | n.0 | DEGREE 22e ADDRES | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | | | 22c. DATE | |
| TO HOSPITAL TO HOSPITAL TO FUNERAL Should be det with the Store UMPORTANT: | | LORAIN URIAL, CREMATION, PECIFY) PEMOTIO | REMOVAL | DAILEY, | | IAME OF | P CEMETERY OR I | ASADEN | 23d LOCAL | LAND 21 | 122 | KU Norty | mare Mi |

DHMH - 16 60M 7/84 (VRA 15, 4) NETAL DIRECTOR Kureral Home Neckeds. Onse

FREC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

| | | | | 318104 |
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| IN SOLI SECT ON HERMAN | 79694 | | | |
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| TANDE BOOKS OFF | | | | |
| | MANAGE FORMAT | | | |
| They seemed your | | | | |
| TINE | | | What is | |
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| BAYT FORT SIALINOOD ED | | M PALLEY, M. | . U.E. | |
| | | | | |

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Singleton Funeral flome Glen Burnie, Md. 21061

| | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO. | | EST |
|---|--|--|-------------------------|--|---|---|---------------------------|
| | I. PECEASED NAME FIRST MARY | Justina | REA | VES | NOVEMBER | 24, 1985 | 1.120 PM |
| 1 | 3. SEX Female | 4 RACE White | S. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY | MONTHS DATS | IF UNDER 24 HRS HOURS MIN |
| 1 | OUNTRY) New Jersey | 76 CITIZEN OF WHAT COUNTRY U.S.A. | ? 8 MARRIE WIDOWE | D NEVER MARRIED DIVORCED | UNDEL COUNTY | | |
| 6 | GLEN BURNIE | 11011211 2810110 | ELPRIOS | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Clerical (r | KING LIFE) INDUSTRY | F BUSINESS OR |
| 5 | | | WN | YES NO X | 130 STREET ADDRESS / ZIP 450 Ellwell (| | 61 |
| 7 | TATHER'S NAME FIRST JOHN | MIDDLE LAST Salmor | | 15 MOTHER'S MAIDEN NAM | WIDDIE | Ogdo | |
| | 160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) (IF YES GI | IVE WAR OR DATES) | | 17 INFORMANT (Da Mrs. Katheri | nughter) ADDRESS Ine Harvey Sa | ame as # 13 | MATE INTERVAL |
| 6 | | DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO | DEATH BUT | | | | 1000 |
| 1 | 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING [| 196 CONDITION FOR WHICH | H OPERATIO | N WAS PERFORMED | | . IF YES, WERE FINDIN CERTIFYING CAUSES YES [| |
| | TIO ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE ALL WORK ALL WORK ALL WORK | | 19 | 21c. HOW INJURY OCCURR 21c LOCATION STREET | ED ENTER NATURE OF INJURY IN IT | IEM 18 PART OR PART ?) COUNTY | SIAIE |
| | 220 Leertify that (I) (this hasp saw the deceased alive an obbute, (I) (we) ided ided in 17th SIGNATURE | Chillips of the | , or | 22e ADDRESS / | MEDICAL STAFF DIRECTOR PHYSICIAN 645 QAKNOOD R | 22c. DATE: | SIGNED |
| | MARC A. KA 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | | EMETERY OR CREMATORY | RNIE, MARYLAN | COUNTY | STATE |
| | 24 FUNERAL DIRECTOR O | | ew no | pe Cemetery | Willards W | VICOMICO | Md. |

DEC

2 1985

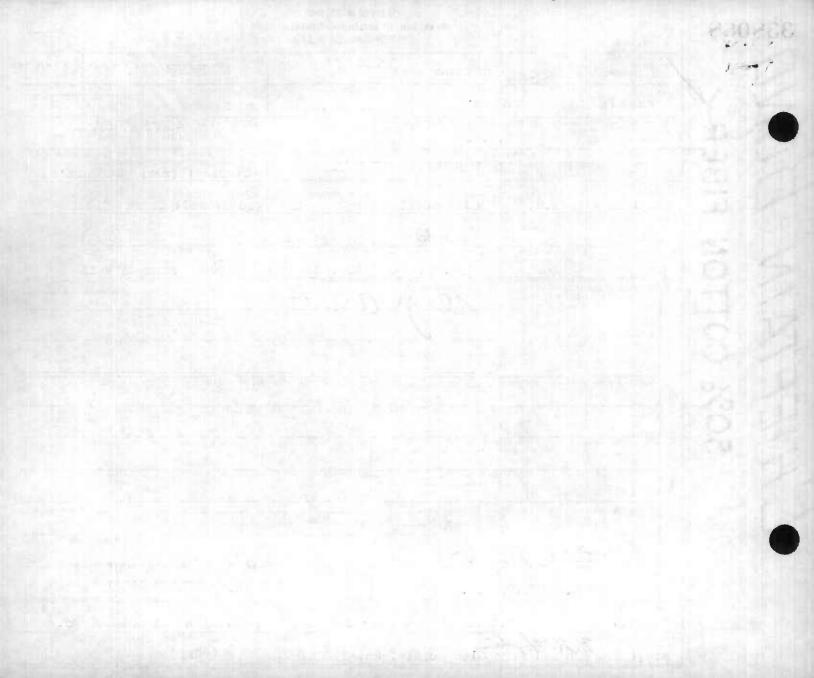
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

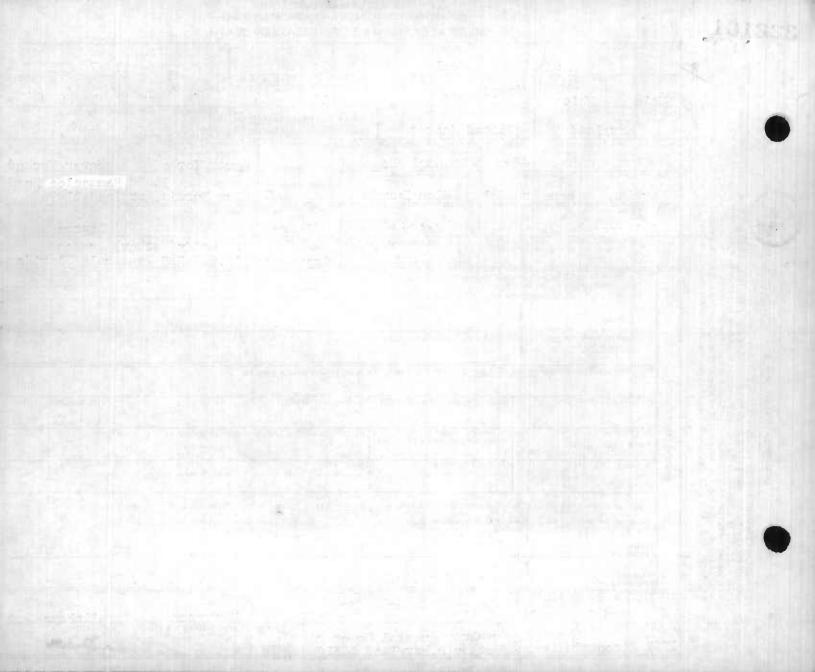
TO FUNERAL DIRECTOR

should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prior

marked ar Item 18 shows an



| 202161 | | FOR STATE | | | | MENT OF | HEALTI | | ENTAL H | | | 3 | 0 | 1 6 | 0 | |
|--|------------------|----------------------------|------------------------------------|----------------------------------|--------------|------------------|------------|---------------|---------------|---------------|------------------------------|-----------------|--------------|------------|-----------|-------|
| 322161 | | REGISTRAR | | WEL | | EXAMIN | ER'S | | CATEO | F DEA | | REG. NO. | | | 5.07.3 | |
| | | EASED NAME OF PRINTS | | | WIDDLE | | | LAST | | | 20 DATE KN | NOWN X | HINOM | DAY Y | EAR 2b F | HOUR |
| 2848 D | | | Nich | | Joel | | | eidy | | | DEATH N | | 11 | 7 19 8 | | N |
| N FILE N STREET | 3. SEX | ale | 4. RACE White | MAUGUST AUGUST 28,19 | YEAR | 6. AGE (IN YE | | DER 1 YR. | IF UNDER | 24 HRS MIN | 2c. DATE PRONOUNC DEAD | ED | MONTH | 7 185 | 5: | 371 |
| ********// | 7a 81 | RTHPLACE (S | | 76. CITIZEN OF WH | AT COUN | 1 | | 1 | | - 7 | 9 BALTIMO | RE CITY OF | COUNT | | | , M |
| STATE MAN | FO | Mary Mary | land | United | Stat | es | WIDOV | IED NE | DIVORC | 4000 | Anno | Arund | - - 1 C | ounty | | |
| NEW WELL | 10. CI | TY OR TOWN | | IT. NAME OF HOSE | PITAL, NU | RSING HOMI | | | | 12e. USL | IAL OCCUPA | TION (TYPE | OF WORK | 126 KIND C | F BUSINE | SS |
| PER PAGE | 21511 | Glen E | | North A | rund | lel Hos | | 1 | | | er Working | - | | Never | _ | ked |
| AND 3 RELAIN | 13e. S | | 113P COUN | | 13c. CITY | OR TOWN | | 13d. INSIDE (| NO 🔯 | | n Burn | | | | | oad |
| 12 10003 | 14 F/ | THER'S NAME | | WIDDIE | | LAST | | 15 MOTHE | ER'S MAIDE | N NAME | MIDD | OLE | -12- | LAST | | |
| "Handan Say | | Jeffrey | | | Re | idy | | | naron | | | | | Dayto | | |
| THE OWN | 16a V | AS DECEASE | DEVER IN U.S. ARA | MED FORCES? | 166 SO | CIAL SECURIT | Y NO. | 17. INFOR | MAN Jef | frey | Reidy | AFEE h | er) | Branc | h | |
| MITH FACE | | No | | | | None | | Dispe | ensary | Bld | .625 N | IAS Pe | nsac | ola F | 1orio | da |
| | | 18 CAUSE C PART I DE | ATH WAS CAUSED | | | | L Do | alb Co | | | | | | | ONSET AND | |
| STON S. V. 24 HC V. 17EM. | | | IMMEDIA | E C. 1002 (0) | | Infan | | aun Sy | naron | е | | | | - | | |
| W. PRESI WITHIN MINER A MINER | | | ns, if ony, which | DOE 10, OK | -3 A CO | 1524021162 | J1 | | | | | | | | | |
| 11 W. PRESTON ST ED WITHIN 24 HO PENCIL IN ITEM I AMAINER ALONG IL. TRANSIT PERM VENTAL IV'GIENE I, OR REMOVAL. | | | se to immediate stating the under- | (b) DUE TO, OR | AS A CON | NSEQUENCE | OF | | | | -10 | | | | V (5) | |
| S SEA | | lying cou | ise lost. | (c) | | | | | | | | | | | | |
| L RECORDS, 2 ULD BE EXECU "PENDING" "PENDING" EF AS A BURI HEALTH AND AL, CREMATIO | N | PART 2 OTHER SI | GNIFICANT CONDITIONS | CONTRIBUTING TO OEATH R | UT NOT REL | ATEO TO THE TERM | INAL OISEA | E OR CONDITIO | N GIVEN IN PA | RT 1 a1, | | | | | | |
| TAL RECO | ATIO | 190: DATE OF | OPERATION | 196 CONDIT | ION FOR | WHICH OPER | ATION V | AS PERFOR | MED? | | | | | 70 AUTO | PSY? | |
| /ITAL SHOU SHOU CHIEF E USE T OF H URIAL | FFC | 74.1 | | | | | | | | | | | | YES | V NC | |
| DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL RESPONDED BE USED AS A BURE OPPARTMENT OF HEALTH AND OI PRIOR TO BURIAL, CREMATII | AL CERTIFICATION | | AL CAUSE WAS OR NG CAUSE OF E | 216. TIME OF HOUR A.M. | | DAY YEAR | 21c H | OW INJURY | OCCURRE | D LENTER H | NATURE OF INJUR | Y IN ITEM 18 PA | RT 1 OR PART | | | |
| SH S | MEDICAL | 214 INTURY | CCURRED | 21e PLACE C | | | | CATION | | | | | | | | |
| O - O | M | WHILE AT WORK | NOT WHILE C | STREET, FACTO | ORY, FARM, (| ITC) | | STREET | | | CITY OR TOWN | | cour | MIA | S | STATE |
| 111 = 10 | 200 | 22m I certi | fy that I taok chorg | e of the remains desc | ribed ob | ove, held an | Autor | sy X | Inspection | n . | Inquiry [| , ond | І іл ту орі | inion | | |
| 20-21-4 | 18 | death result | ed Iram: Natur | ol cappes . | Acgident | , su | icide | . Hami | ide . | Undete | ermined mani | ner . | | | | |
| MARIN WAR | | ACTUAL | 5 | PAN | / | | | ` | PECIFY) | | | | DATE | 2.2 | 10 105 | |
| SE S | | SIGNATURE, | - | 10 | | | ^ | .o.Assi | stant | MED | ICAL EXAMIN | √ER | DATE |)11, | /8/85 |) |
| TO MEDICAL EXAMI EXECUTE THE CERTIFIED PAGE A SHOULD BE TO FUNERAL DIRECT AFER DEATH, WITH BALLTIMORE, MARYLL | | EXAMINER'S (TYPE OR PRI | NAME Grego | ory R. Kau | ıffma | | | ADDRESS_ | | Penn | St. | Balto | .MD. | | | |
| 522528 | 23a.B | JRIAL, CREMA | TION, REMOVAL 2 | ory R. Kau Novembe 12 1985 | r St | evenso | n Ci | R CREMATO | ORY | CITA | CATION | | COUNT | TY | STATE | |
| 07/84 BP | 74 E | Bur: | ial L | 12 1985 | | | Cei | nétery | | St | evenso REGISTRAR | n Ish pecie | TDAD'S SI | Alaha | ama | |
| DHMH - 17 (VR A15 ME (5)) | 75. | NAME 57 Wisc | Robert onsin Ave | A. Pumpha | ey F | uneral Marvla | Home | es PA | NAM | 1 1 | 1095 | 250 REGIS | | BANA | | |
| | | | | | | | | | | | 1000 | | | | | + |



PRESTON

DIVISION OF VITAL

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EST

| | REGISTRAK | | | REG, NO. | | | | | | |
|----|--|--|--|---|--|--|--|--|--|--|
| 1 | DECEASED NAME FIRST (TYPE OR PRINT) ALVIE | C | RHODES J | NOVEMBER 21 | , 1985 26 HOUR 305 A | | | | | |
| 1 | 1 SEX | 4 RACE | 5. DATE OF BIRTH | | FUNDER LYEAR IF UNDER 24 HRS | | | | | |
| 1 | Male | White | 12 19 26 | 58 YRS | ONTHS DATS HOURS MIN | | | | | |
| F | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania | 76 CITIZEN OF WHAT COUNTRY? U.S.A. | MARRIED MEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COUNTY OF ANNE ARUNDE | L COUNTY | | | | | |
| H | 10 CITY OR TOWN OF DEATH | | NG HOME OR OTHER INSTITUTION | 170 USUAL OCCUPATION | 126 KIND OF BUSINESS OR | | | | | |
| 4 | GLEN BURNIE | "NORTH ARUNDE | EPROSPITAL | (TYPE OF WORK FOR MOST OF WORKING LIFE) Mechanic | I.T.O. Corp. | | | | | |
| | USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COU | NTY 13t. CITY OR TOW | N 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE 7725 Overhill Ro | pad 21061 | | | | | |
| 7/ | 14 FATHER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | AME | LAST | | | | | |
| 4 | Alvie | C. Rhoo | des, Sr. Laura | | Unknown | | | | | |
| 1 | 160 WAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SECU | JRITY NO. 17 INFORMANT | ADDRESS | | | | | | |
| | YES WW | | -5090 Audrey M. R | nodes 7725 Overhi | .11 Rd. 21061 | | | | | |
| | PART I. DEATH WAS CAUSE | nly one cause per line for (a), (b), and ED BY. TE CAUSE (o) | Respiratory Far ENCE OF Pancreatic | lure | BETWEEN ONSET AND DEATH | | | | | |
| | Conditians, if any, which | 1 year | | | | | | | | |
| | couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSEQUE | | | | | | | | |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION C | | | | | | | | | |
| 1 | 5 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | WERE FINDINGS USED ING CAUSES OF DEATH? | | | | | |

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

saw the deceased alive or

NOT WHILE

21d INJURY OCCURRED

CERTIFIC

MEDICAL

orked or

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

P.M. 21e PLACE OF INJURY

19 AT HOME STREET FACTORY, OFFICE, FARM ETC.)

211 LOCATION

CITY OF TOWN

STATE 8

and that in (my) (aur) opinion death occurred on the date and have and from the causes stated

ATTENDING 22e ADDRESS

MEDICAL STAFF DIRECTOR DEPHYSICIAN DAD,

21061

22¢ DATE SIGNED

LONG S. HSU. M.D. 230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

27b. SIGNATURE

236. DATE

22a 1 certify that (1) (this hospital) attended the deceased from

abave, (1) (we) (did) (did nat) view the bady after death

73c NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

DEGREE

23d LOCATION CITY OF TOWN Brooklyn

BURNIE, MARYLAND

A.A.

DHMH - 16 60M 7/B4 (VRA 15, 4)

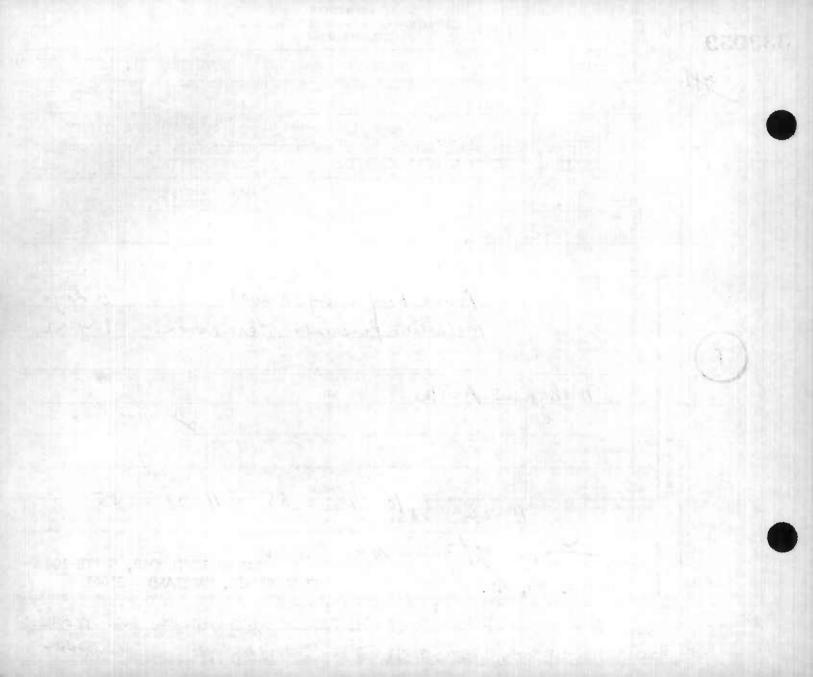
hould be detached

MPORT ANT:

4 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

11/25/85

Maryland BY REGISTRAR 256. REGISTRAR'S SIGNATURE



| | | FOR | | | DEPARTMEN | | MARYLANI | | GIENE 5 | 3 | 000 | . 8 |
|--|--------------|---|--------------------------|---|---|------------------|--------------------|---------------|--|----------------------|--------------------|--|
| 309098 |] - | STATE REGISTRAR | | M | EDICAL EXA | | | | | REG. NO. | | |
| 24484 | TYP | CEASED NAME FOR PROBLEM | | 4 | MIDDLE | CHAR | DSON | | OF | KNOWN XI | MONTH DAY | YEAR 20 HOL |
| ARY, PLE TORRECTION TOWN FR | | LE | 4. RACE WHITE | S DATE OF BIRT | , 1942 4 | E (IN YEARS IF I | UNDER TYR. | FUNDER 24 | PRONOL DEA | JNCED D | MONTH DAY | YEAR 26 HOL |
| | 2 110 | RTHPLACE (ST TIGN COUNTRY) PYLAND TORTOWN | | UNITED | WHAT COUNTRY? STATES OSPITAL, NURSING | WIDO | RRIED X NEVE | DIVORCED | ANNI | E ARUNDE | COUNTY OF DEA | M |
| | GI | EN BURI | NIE | NORTH A | RUNDEL | SPITAL | THER INSTITUTE | J. | | E SUPR. | 001 | MAR |
| AND STATE OF | Ida. S | RYT.AND | ANNE | | GIVE RESIDENCE BEFORE | NWC | 13d INSIDE CITY | NO X | 3. STREET ADDI 462 GLEI | N MAR RI | D. APT. B2 | 21061 |
| DEATH DEATH OF THE AND | Rob | THER'S NAME FIRST PET | N. | L. | RICHARDS | | 15 MOTHER FIRS | RED | NAME | MIDDLE | BROW | Ň |
| AALTIMA SAFIER GIVE PA TH FORD VAGES A | 16a, V IY | VAS DECEASEI ES, NO, OR UNKNO NO | D EVER IN U.S. AF | RMED FORCES? E WAR OR DATES) | 215-40- | | DIANE | | ARDSON | ADDRESS (SAME | E AS 13) | |
| N ST., B N ST., B SA 18, NG WIT RMIT, P BNE, DO | 1 | 18 CAUSE O PART I DE | ATH WAS CAUSI | nly ane cause per li ED BY: ATE CAUSE (a) | ne far (a), (b), and (| (c).) | - | au | 22 | | APPR BETWEE | OXIMATE INTERVAL IN ONSET AND DEAT |
| CORDS, 201 W, PREE E EXECUTED WITHIN DINCS, IN PENCIL IN SA BEINS, TRANS IN AND MENTAL H EMATION, OR REM | NO | gave ris cause (a) lying cau | 1 1 | e (b) DUE TO, (c) | OR AS A CONSEQU | | ASE DR CONDITION (| GIVEN IN PART | 1 (a). | | | |
| HOULD RED HER WEEL AND WEED AND WEED AND OF HEAL OF MEAL OF MEAN OF ME | IFICATION | 19a DATE OF | OPERATION | 196. CON | DITION FOR WHICH | H OPERATION | WAS PERFORM | NED? | | | | TOPSY? |
| ON OF VITE FICATE SHE TO THE CH COULD BE U CRAMENTO OR TO BUS | CAL CERT | UNDERLYING | CAUSE WAS OR OG CAUSE OF | HOUR A | OF INJURY .M. MONTH DAY .M. | YEAR 21c. | HOW INJURY C | OCCURRED | LENTER NATURE OF | INJURY IN ITEM 18 PA | | , La Monda |
| DIVISION HIS CIRTIFIC WRITING TO AGE 3 SHOT AGE 2 SHOT TO 1 PRIOR | MEDICAL | 214 INJURY C | | | E OF INJURY (AT H ACTORY, FARM, ETC.) | IOME. 211. I | OCATION STREET | | CITY OR 1 | ОМИ | COUNTY | STATE |
| MEDICAL EXAMINER: THE CERTIFICATE. VIOLET HE CERTIFICATE. VIOLET HE FORW. THE PRESENT WITH THE STATE DEATH. WITH THE STATE DEATH. WITH THE STATE DEATH. | | 22a. I certif death resulte ACTUAL SIGNATURE_ EXAMINER'S (TYPE OR PRIE | NAME / OAA | ural couses X, | Accident , | Suicide | ADDRESS | | Inquir Undetermined of MEDICAL EXA | manner . | DATE SIGNED ! | 25-85 nsville |
| 52.47 Bb | 23a BI | URIAL, CREMA PECIFY) CREMA | TION | 236 DATE NOY . 26.1 | | | OR CREMATOR | INC. | 23d LOCATION CITY OF TOWN | VILLE | COUNTY BALTIMON | STATE MD |
| DHMH - 17 (VR A15 ME (5)) | MC | NERAL DIREC | TOR FUNERAL | ADDR | MOUNTAIN PASADENA, | & TICK | NECK R | | C'D. BY REGISTA | | | E STATE OF THE STA |

BROP E THE REPORT OF THE PARTY OF THE

BALTIMORE, MARYLAND 2120

DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DEPARTMENT OF HEAL CERTIFICA REGISTRAR

5 DATE OF BI

JAN.

MARRIED [

| EALTH AND MENTAL HYG ICATE OF DEATH | REG. NO. |
|--|--|
| BINSON | 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR |
| . 5, 1893 | 6. AGE (IN YEARS LAST BIRHDAY) 92 YRS # UNDER 1 YEAR # UNDER 24 HR: MONTHS DAYS HOURS MIN |
| NEVER MARRIED DO DIVERSITY | 9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER |
| 13d. INSIDE CITY LIMITS? YES NO TO TO THE MAJORN NAME OF THE SECOND NA | 13. STREET ADDRESS / ZIP CODE 151 EAST BAY VIEW DR. ME 21403 MIDDLE SPIKER |
| RUBY E. SM | |
| amenty | APPROXIMATE MITERVAL BETWEEN ONS AND DEATH LEAGUE BLA |
| | |
| NOT BELLATED TO THE YERLA | INAL DISEASE OR CONDITION GIVEN IN PART 1 to |
| NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVEN IN PART 110 |

| | | y ane cause per line for (a), (b) and (c).) BY: E CAUSE (a) | | CHILLIBED |
|-----|--|---|----------------------|--|
| | Canditians, if any, which | DUE TO, OR AS A CONSEQUENCE OF | | |
| | gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF | | |
| NO | PART 2 OTHER SIGNIFICANT C | Onditions <u>contributing to death</u> but not related to the ter | rminal disease or co | NDITION GIVEN IN PART 110 |
| CAT | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |

(IF EITHER NOTIFY MEDICAL EXAMINER P.M 21e PLACE OF INJURY 214 INJURY OCCURRED AT HOME STREET FACTORY OFFICE FARM ETC 1 AT WORK 220.1 certify that (I) saw the deceased alive an

STREET

211 LOCATION

YES [

COUNTY

STATE

and that in (my) (our) opinion death occurred an the date and have and from the causes stated 22c DATE

CITY OF TOWN

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

230. BURIAL, CREMATION, REMOVAL 23b. DATE

13c NAME OF CEMETERY OR CREMATORY

MONONGALIA MORGIANTOWN

24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3

(SPECIFY)

BURIAL

80

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morked

If Hem

should be deto MPORTANT

FOR - STATE

SEX

DECEASED NAME LIYPE OR PRINTS

FEMALE

COUNTRY

WEST

130. STATE

MARYLAND

14. FATHER'S NAME

NO

Ta. BIRTHPLACE (STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

FIRST

CHARLES

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

CROWNSVILLE

VIRGINIA

LARA

NNE

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 131. CITY OR TOWN

MIDDLE

(IF YES, GIVE WAR OR DATES)

ARUNDEL

S.

CAUCASIAN

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

11. NAME OF HOSPITAL NURSING HOME OR O

ANNAPOLIS

REXROAD

166 SOCIAL SECURITY NO

213-07-5784

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AIRFIELD NURSING

(VRA 15, 4)

BP

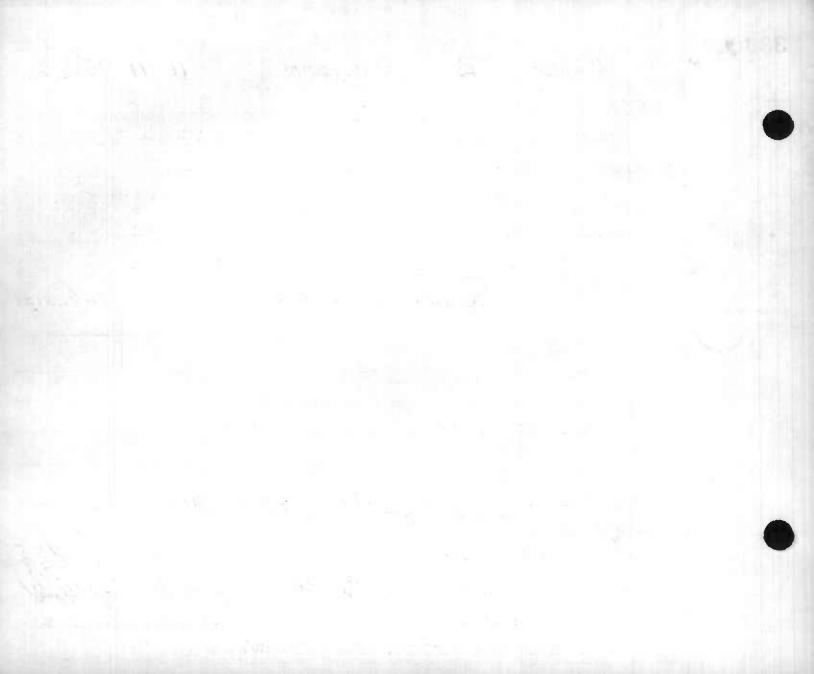
0

11-14-85

21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

EVANS 1212 WEST ST. ANNAPOLIS,



338025

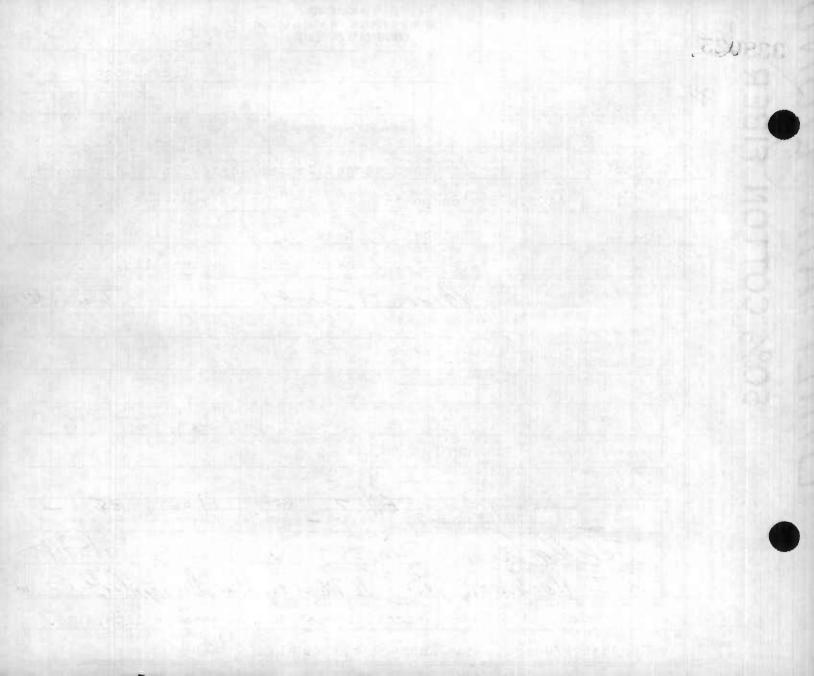
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

TO FUNERAL DIRECTOR. After should be detoched for use os with the State Dept of Health BP. DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTI

| FICATE OF DEATH | REG. N |
|-----------------|--------|
| | |

| 1 | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | 0. | | |
|---|---------------------------------|--|-----------------|---------------------------------|---|---------------------------------|---------------------------------|---|-----------------|---------------|--------------------|
| ١ | | CEASED NAME | FIRST | ٨ | AIDDLE | i | AST | 20 DATE OF DEATH | MONTH DA | AY YEAR | 2b HOUR |
| | 2 | S | ophie | | amer | Roth | | | 1-26- | | М |
| 1 | SEX | SEX 4 | | 4 RACE | | 5. DATE OF BIRTH MONTH DAY YEAR | | AGE (IN YEARS LAST BIR | THDAY) II | FUNDER I YEAR | HOURS MIN. |
| 4 | | Female | | White | | 6-20-1903 | | 82 | YRS | | MIN. |
| 1 | To BIRTHPLACE ISTATE OR FOREIGN | | OREIGN | 76 CITIZEN OF WHAT COUNTRY? | | MARRIED Y NEVER MARRIED | | 9 BALTIMORE CITY OR COUNTY OF | | OF DEATH | |
| | | New York | | USA | | WIDOWE | D DNORCED | Anne Aru | | | MD. |
| 1 | Annapolis | | | (IF NOT IN SUC | H FACILITY, GIVE STREET | ADDRESS) | | 120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O P Housewi | F WORKING LIFE) | INDUSTRY | ehold |
| 5 | | AL RESIDENCE (IF NURS) STATE Md. | 136 COUN AAC | TY | GIVE RESIDENCE BEFORE 13c CITY OR TOWN Annapo | N | 13d INSIDE CITY LIMITS? | 3. STREET ADDRESS | | الأسم | 403 |
| | 14 FA | THER'S NAME | | AIDDLE | LAST | 97 | 15 MOTHER'S MAIDEN NAM | E MIDDLE | | LAS | |
| - | | Hyman | | NOUSE. | Reiche | 1 | Lena | MIDDLE | R | eiche | |
| | | VAS DECEASED EVER | | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRE | | | |
| 1 | (4 | NO (4ES NO OR UNKNOWN) (1F YES GIV | | 216-32-6193 Beverly | | | Beverly Za: | aino Annapolis, Md. | | | |
| 1 | | 18 CAUSE OF DEATI | H (Enter onl | y ane cause per | | | | | | APPROXI | MATE INTERVAL |
| | | 18 CAUSE OF DEATH (Enter only one cause per line for talk and its statement of the part I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) | | | | | | | 101 | reau (2) | |
| 1 | 19 | | MANAGORATI | | LE L CONSTOUE | NCE OF | 1 | | | | |
| 1 | 17 | DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (1b) | | | | | | | | | |
| 1 | | gave rise to immediate | | | | | | | | | 0.70 |
| 1 | | couse id , stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II | | | | | | | | N. XI | |
| 1 | | | | | | | | | | N IN PART 1:0 | |
| | 20 | | | | | | | | | | |
| 1 | CAT | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | | 196 CONDITION FOR WHICH C | | OPERATION WAS PERFORMED | | 200 AUTOPSY? 200 IF YES, WERE FINDIN IN CERTIFYING CAUSES YES VES YES | | | |
| 4 | E. | | | | | | | | | | OF DEATH? |
| 7 | CER | 21a ACCIDENT WAS UNDERLYING 21b. TIME C | | OF INJURY 21t HOW INJURY OCCURR | | | | RY IN ITEM 18 PAR | RT 1 OR PART 21 | | |
| 1 | | | | | | | | | | | |
| | MEDICAL | 21d INJURY OCCURR | | 21e PLACE (| | 19 | 21f LOCATION | | | | |
| | ME | WHILE NOT WH | ILE 🗀 | (AT HOME STR | EET, FACTORY OFFICE, F | ARM, ETC) | STREET | CITY OR TO | WN | COUNTY | STATE |
| | | 229 I certify that (I) | | attended Ah | e deceased from_ | 6 | 1 7 19 85 | to_1/12 | 6 1 | 285 | that (IL (wa) last |
| | | | | | | 5 . 01 | nd that in (my) tome opinian de | eath accurred an the de | ate and have | | The second second |
| | | saw the deceased alive on | | | | | | | | | |
| | | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11/27/PS | | | | | | | | | |
| | | THE PHYSICIAN SHA | ME Tyre | rends / | - Company | - / | 22 ADDRESS | , 1 | | 17 | |
| | | K.L | ·Ho | chuic | Za Wi | 5 | 16 Marray | Aug Ho | cues | ely 4 | ch 2180 |
| | | URIAL, CREMATION, | | 236 DATE | 1 234 K | TAME OF C | EMETERY OR CREMATORY | 23d LOCATION | 1 | | |
| | (| Buri | ial | 11-28 | 8-85 Kn | eset | h Israel Cen | | lis A | ACo. | Md. |
| | 24 FU | INERAL DIRECTOR | | | | | | REC'D. BY REGISTRAR | | | URE 1 |
| | | Hardest | 37 F111 | nenal | Home ADDRESS | nano. | lie Md III | 2 1900 | | | 3 |



| | | It | ems 18 | -22a 1/6/ | 86 mtb | F#611 | | OF MARYLAN | | ENE S | 3 (|) 0 | 5 |
|----------------------------|--|---------------|---------------------------|--|--|------------------------|------------------|----------------------|----------------------|-------------------|---------------------|-----------|---|
| 32 | 9115 | - | STATE | | | MEDICAL EX | AMINER | | ATE OF DI | | REG. NO. | | |
| | rid | | EASED NAM | E FIRST | | WIDDLE | | LAST | | 20. DATE | NOWN X | HTMON | DAY YEAR 16 HOUR |
| | Sange manage | | . OR PRINTY | David | | R. | | Russell | | OF DEATH | | 11 | 1519 85 |
| | BANK SEE | SEX | | 4 RACE | 5. DATE OF BIL | | | MONTHS DAYS | IF UNDER 24 HR | PRONOUN | | HTMO | DAY YEAR 2d HOU |
| | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | M | ale | White | June 3 | | 30 YRS. | | | DEAD | ORE CHEV OR C | 11 | 1519 85 7:36 |
| - | A SERVICE SERV | 10 BII | RTHPLACE (| STATE OR | 76 CITIZEN O | WHAT COUNTRY | | ARRIED NEV | | | ORE CITY OR C | | |
| • | 25.00 | 10 CT | CASH YOU | | II NAME OF | HOSPITAL, NURSIN | | OTHER INSTITUT | DIVORCED L | | Arunde | | unty, MI |
| | 大田本語 | | Annapo | | (IF NOT IN SU | Arundel Go | ADDRESS) | | A. | OR MOST OF WORK | | 1 | OR INDUSTRY |
| | HE HE | USUA | L RESIDENCE | (IF IN NURSING HOME O | | | | | | arpe | | | mitanteno |
| 78 | 23650 | 13a S1 | NT N | 136 COUNT | À. | Anna | polis | 13d. INSIDE (11 | NO X 130 S | TREET ADDRES | indfal | 16 | 21403 |
| 1/8 | 1 | TI FA | THER'S NAM | E | MIDDLE | 1241 | | | R'S MAIDEN NA | MF | DDLE | | LAST |
| XA | WW Z | 10 | Jot | n | THE STATE OF THE S | Russ | 110 | m | aru | | | N | leed |
| - Bu | SE CONTRACTOR | | AS DECEASE | D EVER IN U.S. ARA | NED FORCES? | The H | SECURITY NO | 17. INFORM | 0 | 11 | ADSESS M | e a | S |
| BAL. | PAG PAG | | 110 | | | 15/9-1 | 4-516 | 2 Nohv | n Kuss | ell- | #1 | 3 | |
| 15 | A COUR | 3 | | DF DEATH (Enter onl EATH WAS CAUSED | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| NO. | A SERVE AND A SERV | | 100 | IMMEDIAT | E CAUSE (o) | , OR AS A CONSEC | | une into | DX1Cat10 | n | | | |
| RES | ENCH SERVICE S | | | ons, if ony, which | | | | | | | | | |
| W. | MAIN MAIN MAIN MAIN MAIN MAIN MAIN MAIN | | couse (c | ise to immediate) stating the <u>under-</u> | DUE TO | , OR AS A CONSEG | DUENCE OF | | | | | | |
| 201 | AG" IN P. SAL EXAL EXAL EXAL EXAL EXAL EXAL EXAL EX | | lying ca | use last. | (c)_ | | | | | | | | |
| DIVISION OF VITAL RECORDS, | | 7 | PARL 2 OTNER S | IGNIFICANT CONDITIONS | ONTRIBUTING TO D | EAIN BUT NOT RELATED T | O THE TERMINAL I | DISEASE OR CONDITION | GIVEN IN PART 1 (a). | | | 7,3 | |
| RECO | HOULD BE EX TO "PENDIN HIEF MEDICAL USED AS A E OF HEALTH A RIAL, CREW | CERTIFICATION | 19a. DATE O | FOPERATION | 19b.CO | NDITION FOR WHI | CH OPERATIO | N WAS PERFORA | MED? | | | | 20 AUTOPSY? |
| IAI | ちゃまいらず / | FIC | - 50 | | | | | | | | | 783 | YES X NO |
| - Y | WO HE CORP | GR. | | AL CAUSE WAS | | E OF INJURY | | It HOW INJURY | OCCURRED (EN | TER NATURE OF INJ | URY IN ITEM 18 PART | 1 OR PART | |
| NO | RTIFICATION NG THE VIOLE SHOULD PARTME | | UNDERLYIN CONTRIBUT | G GOR ING CAUSE OF D | | A.M. MONTH DA | 19 19 | | | | | | |
| VISIO | CERTIFIC TING TO SED TO 3 SHOU DEPART | MEDICAL | 21d INJURY | | | ACE OF INJURY (A | THOME, 2 | I LOCATION STREET | 2.45 | CITY OR TOV | VN. | COUN | ITY STATE |
| ۵ | ATE, WRITIN ORWARDED ORWARDED IR: PAGE 35 HE STATE DEP UD, 21201 PR | 1 | AT WORK | NOT WHILE C | | | | | | | | | |
| | =01014 | 1 | 22a. I cert | tify that I took share | e of the remain | bed obove, I | neld on | lutopsy X. | Inspection | , Inquiry | , ond in | my opin | ion |
| | MIN | 10 | death resul | ted from: Nurue | forces 25 | Accident _ | , Sultide | | | determined mo | nner, | | |
| | MAN WAY | 1 | ACTUAL | 111 | Auna | W. Su. | M | TITLE (SF | pecify) ing Chie | of. | | DATE | 11/16/85 |
| | SER SEE | 1 | SIGNATURE | | 0 11-60-0 | 0 - 10 | 1 | M.D. ACT | rig ciir | EDICAL EXAM | INER | SIGNED | 11/10/03 |
| | M 3 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | EXAMINER'S (TYPE OR PR | NAME Thon | as D. S | Smith, M.I | 0. | ADDRESS | 111 Per | n St. | Balto. | MD. | |
| | 524544 | 23a.BI | JRIAL, CREMA | ATION, REMOVAL 2 | 1 | | | RY OR CREMATO | ORY 234 | LOCATION | | COUNTY | Y STATE |
| 07/84 25M | BP/4/0 | 1 | Juni | 15 | lov. 18,1 | 985 8 | st. Ma | any's | 25a. DATE REC'D. | nnapo | | HB | , mD |
| 23/11 | DHMH - 17 | 2 | NERAL DIRE | | A I AD | DIKSS O | 1- | 100 | DATE REC'D | 1 400E | 25b. REGISTR | TAK S SIG | MATURE |
| | (VR A15 ME (5)) | LIC | Ylori | uneral | Chape | el-Hong | po 115, | MID | NUV | 7 1305 | 11 | | |

The file execution of the care of the care and the care of the car

uted within 24 hours of and Mental Hygiene prior to burial, ATTENDING PHYSICIAN The low

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DEF

| | 21 W | IL OF M | AKILA | MU | |
|---|------------|---------|-------|--------|-------|
| 9 | ARTMENT OF | HEALTH | AND A | MENTAL | HYGIE |
| | CERT | FICATE | OFD | FATH | |

| REGISTRAR | CERTI | FICATE OF DEATH | REG. NO. | | | | | |
|--|---|---------------------------------|--|---|--|--|--|--|
| 1. DECEASED NAME FIRST (TYPE OR PRINT) (10) | 1 SAUOY | LAST | 20. DATE OF DEATH MOT | 6 85 954 MM | | | | |
| 3. SEX 4 R. | A MONT | | 6 AGE (IN YEARS LAST BIRTHDA | IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. | | | | |
| COUNTRY) | NITED STATES WIDOW | ED NEVER MARRIED 🔠 | ANNE AR | OUNTY OF DEATH MD. | | | | |
| ANNOPOLIS | NAME OF HOSPITAL NURSING HOME | was those | 120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO NONE | N/A | | | | |
| MARYLAND ANNE | ARUNDEL ANNAPOLI | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZI | Maryland ₂₁₄₀₁ PCODE Eisenhower Hwy. | | | | |
| WILLAAM MIDD | SAVOY | 15 MOTHER'S MAIDEN NAM CECEL | IA | GAINES | | | | |
| 160 WAS DECEASED EVER IN U.S. ARMED (16 VES NOOR UNKNOWN) (16 VES GIVE WA | 213-16-2853 | Robert C. | SavovJr. (| 6310 Kaine Drive Clinton,Md.2073 | | | | |
| 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY (MARCINOMA TO S) BETWEEN ONSET AND E DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE | | | | | | | | |
| PART 2 OTHER SIGNIFICANT CON 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | IDITIONS CONTRIBUTING TO DEATH BUT | | 20a AUTOPSY? 20 | ON GIVEN IN PART 1:0 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO | | | | |
| OR COLUMNIC COLUMN COLU | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR | | | | | | | |
| OR CONTRIBUTING CAUSE OF DEATH JIF EITHER NOTIFY MEDICAL EXAMINER) WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE | | | | |
| 22a I certify that (1) (this hospital) saw the deceased alive on above, (1) (we) (did (1) and not ive 22b. SIGNATURE | OCT 30 19 85.0 | nd that in (my) (our) apinian d | | nd hour and fram the causes stated 22c DATE SIGNED | | | | |

236. DATE

NOV.22

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

,85 Mt.

TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept of Health 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

BP. BURIAL 24 FUNERAL DIRECTOR

THORNTON'S FUNERAL HOME POMONKEY, MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

marked or Item 18 shows

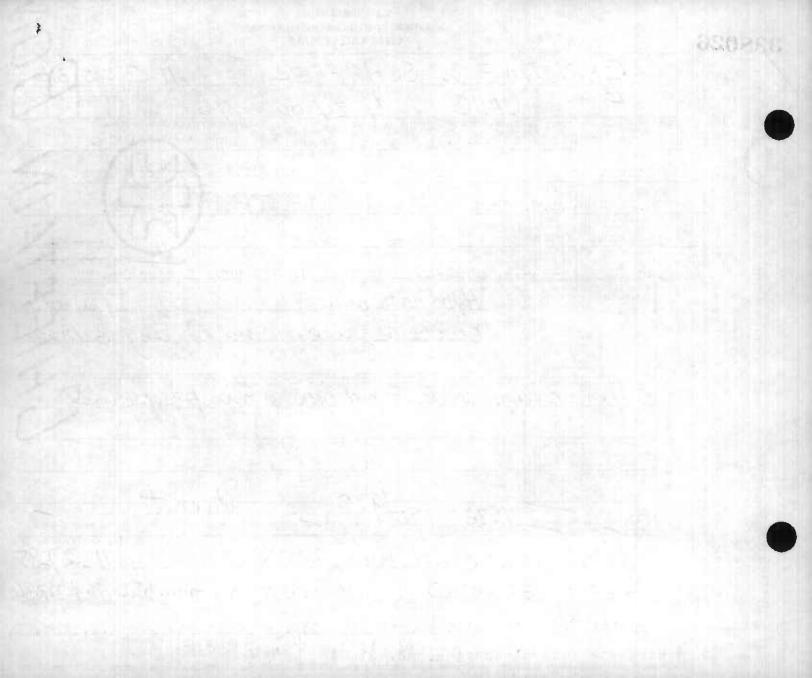
MPORTANT: If hem 21 is

DHMH 16 60M 7/84 (VRA 15, 4) George J. Gonce 4001 Ritchie Hgwy Balto, Md

750. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE

- 102 - or ployed Telephone woo so. ALCOHOL SES FOR ALL SES OF ALL SES the an area of the contract ASSESS A. Conde PCOL Charles Miller all to, It would be able

STATE OF MARYLAND



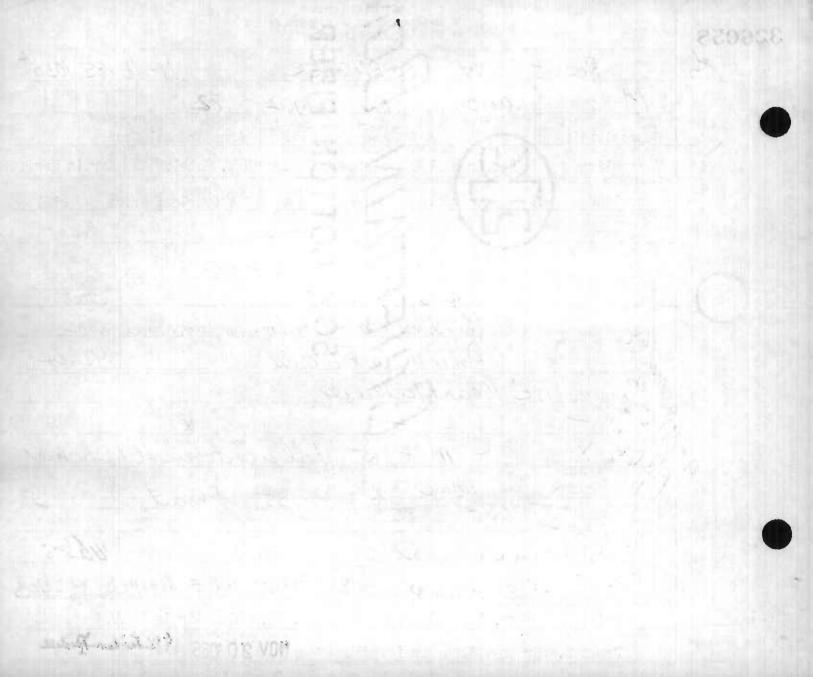
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STATE OF MARYLAND



23c NAME OF CEMETERY OR CREMATORY

Cemetery

Woodlawn

DHMH - 16 60M 7/84 (VRA 15, 4)

ISPECIFY!

24 FUNERAL DIRECTOR

Burial

Tom Helfenbein Funeral Home, Chester, MD 21619

11-11-85

23b DATE

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

Talbot

MD

23d LOCATION

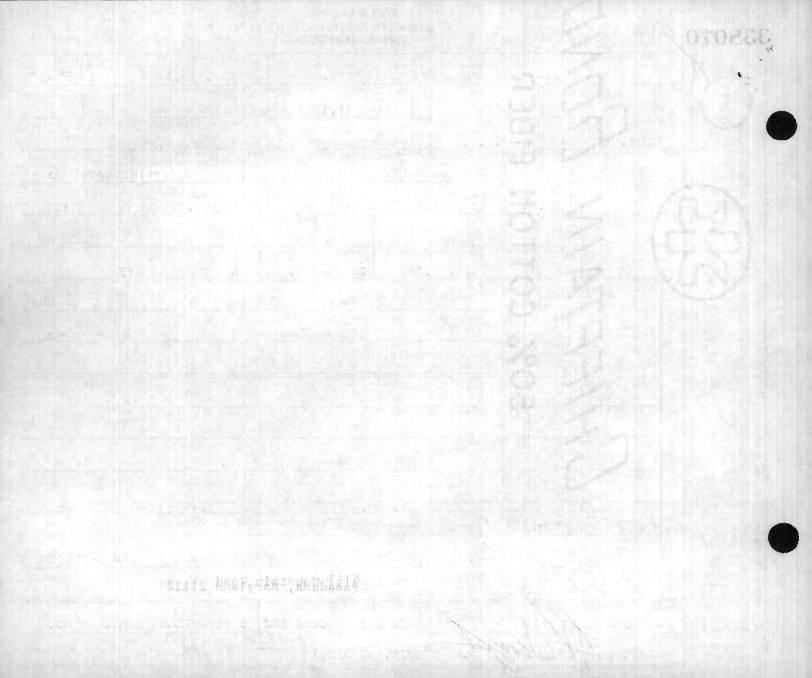
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

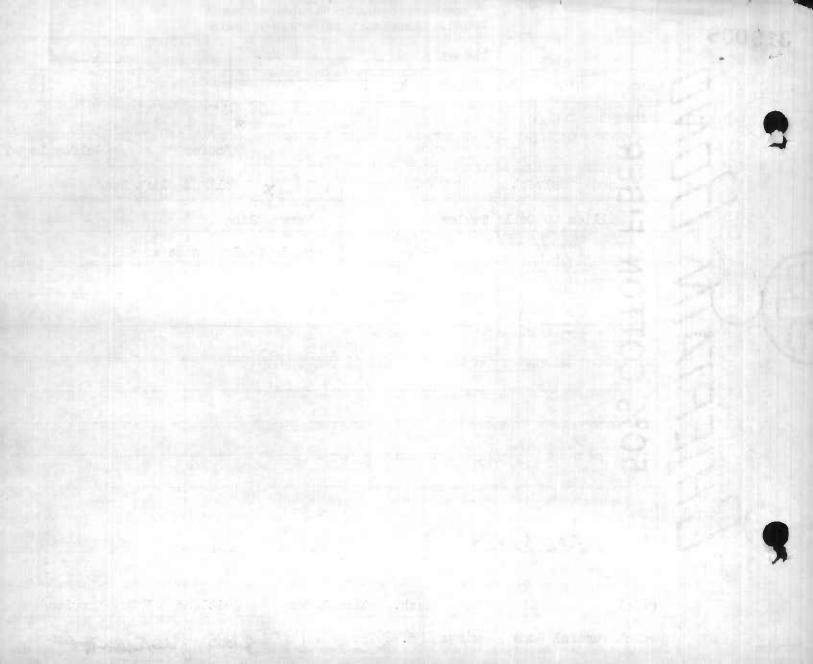
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| 070 | V | STATE | | DEPARTM | | EALTH AND MENTAL HYG | SIENE | | |
| ,, 0 | | REGISTRAR | | | CERTII | TCATE OF DEATH | REG. NO | | |
| W | | CEASED NAME FIR | 51 | WIOOLE | | AST | 20 DATE OF DEATH | MONTH DAY YEA | 2b. HOU! |
| 1 | | HE | LEN | ELIZABETH | | STEUDL | NOV. 28 | ,1985 | 7:0 |
| 1, | 3 SE | | 4 RACE | | 5 DATE O | | 6 AGE (IN YEARS LAST BIR | | |
| 1 | /I | PEMALE | WHIT | E | SE: | PT 11,1905 | 80 | YRS MONTHS | ATS HOURS |
| 01 | 7a BI | RTHPLACE (STATE OR FOREIG | IN 76 CITIZEN | OF WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | | Н |
| 37 | | MARYLAND | 11 | S.A. | WIDOWE | | ANNE ARUN | OFI | |
| 20 | | TY OR TOWN OF DEATH | 11. NAME | OF HOSPITAL, NURSIN | G HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | ON 126 KIN | D OF BUSINE |
| A) | | PASADENA | | ICHOLSON DI | | | RECEPTIONIS | | ral Ho |
| 100 | USU. | AL RESIDENCE (IF NURSING H | OME OR OTHER INSTITU | TION GIVE RESIDENCE BEFORE | ADMISSION) | | | | LUI III |
| 254 | | TATE 13b | COUNTY | PASADENA | N | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | | 2112 |
| 1 | - | THER'S NAME | A.A. | PASADENA | | YES NO X | 35 NICHOLS | ON DRIVE | 2112 |
| 11/1 | / | FIRST | MIDOLE | LAST | | FIRST | WIOOFE | | IAST |
| 100 | | ROBERT | | RUMNEY | | ALBERTA | 40000 | | READMO |
| dico | | VAS DECEASED EVER IN U | .S. ARMED FORCE YES GIVE WAR OR DATE | | RITY NO. | 17 INFORMANT (SO | N) ADDRE | 55 | |
| 1 | N |) 1 | NONE | 215.22.0 | 598 | CHARLES H. S | TEUDL SAM | E AS #13 | |
| 1 | | 18 CAUSE OF DEATH IE | nter only one couse | per line for (o), (b), one | diciti, | | | BETW | PROXIMATE INTER |
| ven | | PART I. DEATH WAS C | AUSED BY: | | 1 | IVER CA | werd | | 3 m/ |
| fic e | | 17.07 | | | | September 1 | | 7-3-3-1 | |
| E | | Conditions, if any, whi | |), OR AS A CONSEQUE | NCE OF | Ascitas | | | 2 wh |
| tro | | gove rise to immedia | ate) | } | | 7 | 727 | | |
| othe | | cause (a), stating to underlying cause la | |), OR AS A CONSEQUE | NCE OF | | | | |
| Ö | | DART 2 OTHER SIGNIES | (3) | CONTRIBUTING TO | E A THI BLIT | NOT RELATED TO THE TERM | ANIAL DISEASE OF COLU | DITION CONTINUOUS | 2.1 |
| inch | Z | PART 2 OTHER SIGNIFIC | ANI CONDITION | CONTRIBUTING TO | ZEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CON | JIION GIVEN IN PAK | IIIa |
| 27 | CERTIFICATION | 190 DATE OF OPERATION | 19h CO | NDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20g AUTOPSY? | 20b. IF YES, WERE FI | NDINGS USE |
| 37 | FIC | | | | | | | IN CERTIFYING CAL | JSES OF DEAT |
| å 🚄 | ERT | 210 ACCIDENT WAS UNDERLY | NG 🗆 115 TIM | E OF INJURY | | 21c. HOW INJURY OCCUR | YES NO | YES 🗌 | NO [|
| 8 | | OR CONTRIBUTING CAUSE | 1100110 | A.M. MONTH DA | Y YEAR | TIC HOW INJURY OCCUR | KED (ENTER NATURE OF INJUI | IY IN HEM 18 PART I ORPAR | 1 2) |
| 27 | CA | (IF EITHER NOTIFY MEDICAL EX | | P.M. | 19 | | | | 1 1 1 1 1 1 1 |
| ğ | MEDICAL | 214 INJURY OCCURRED | LAT HOM | CE OF INJURY | ARM ETC) | 21f LOCATION STREET | CITY OR TO | wn COUNT | Y 5 |
| X e | ~ | AT WORK NOT WHILE | | | | | | VII. | |
| | | 220 I certify that (1) (this | | | 11/ | 28/85 19 | | F3- 19 | _ that(I) |
| - | | saw the deceased all abave (I) lwe) (did) | IVE OR 11/28 | | , a | nd that in my (our) opinian | death occurred on the do | ate and hour and from | the couses sto |
| E | | 22b. SIGNATURE | the horyview the b | day affer death | | DEGREE | | 22c D | ATE SIGNED |
| = | | 0) | Tolo | - | M | ATTENDING | MEDICAL STAF | F | 129/8 |
| | | 224 PHYSICIAN'S NAME | TYPE OR PRINT! | | 1-1 | 1220 ADDRESS | O DIRECTOR PHYSIC | IAN [] | 110 |
| / | | (11- | | | | 4141 Mounta | बेर् भृ विश्वते 211 | 22 | |
| | | Tolker | 240 | | | | | | |
| 4 | | URIAL, CREMATION, REM | | rember 29 23c N | IAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | COUNTY | 5 |
| 10 | | CREMATION | | 1985 S | ECURI | TY PROCESS IN | C CATONSVI | | MD |
| 7/84 | | INERAL DIRECTO | Min | della | | 250 DA | ERECT BY REGISTRAR | 256. REGISTRAR'S SIG | NATURE |
| - 04 | | SINGLETON FO | NERAL | E GLEN BUR | NIE, | MD 21061 | 2 198 |) | con-stan |



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 337066 REGISTRAR REG NO 1. DECEASED NAME 2n DATE OF DEATH 26. HOUR S (TYPE OR PRINT) ESTELLA NOV 3. SEX 4. RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR FUNDER 21 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED RUNDF WIDOWED N DIVORCED [12b. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY IFTON 13a. STATE 136 COUNTY 113c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE £13d. INSIDE CITY LIMITS? ARNOLD 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 Certify that (I) (this hospital) amended the decorded from saw the deceased alive an saw the deceased alive an and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above, (f) (we) (did) (did nat) view the body after death SIGNATURE DEGREE 22c. DATE SIGNED relition ATTENDING DEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should be 23c NAME OF CEMETERY OR CREMATORY LOUDON M BURIA DHMH - 16 50M 4/83 SEVERNA PARK MIDU (VRA 15, 4)

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STATE OF MARYLAND



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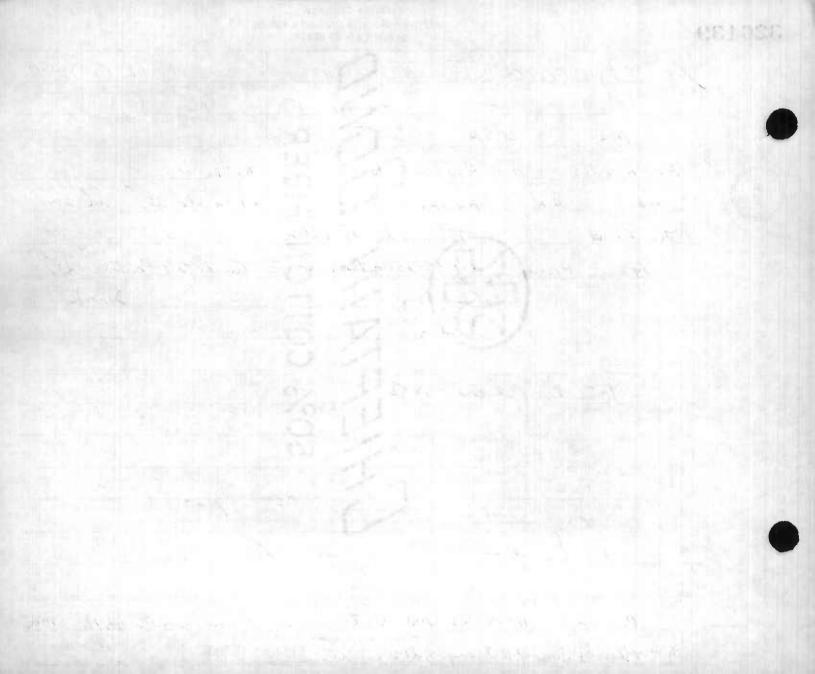
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| | CEI | RTI | FIG | CATE | OF | DEATH | |

| REGISTRAR | | CERTIFICATE OF | PEATH | REG. NO |). | | |
|--|--|------------------------|------------------|----------------------------|------------------------|---|----------------|
| I. DECEASED NAME | MIDDLE | LAST. | | 26. DATE OF DEATH | MONTH DAY | YEAR 2b F | HOUR |
| Kich | 101 | 10rne, | | / | 1 11 | 85 1 | 105A |
| I. SEX | RACE | 5 DATE OF BIRTH | | 6. AGE JINYEARS LAST BIRT | HDAY) IF UND | ER I YEAR IF U | NDER 24 HRS |
| M | K | MONTH DAY | YEAR | lala | MONTHS | DATS HOL | JK5 MIN. |
| - DIDYLIDI ACE | CITITE N OF WILLY COUNTY | 7 16 | | A DALTHUODE CITY OF | YRS | PAYM | |
| OUNTRY) | b CITIZEN OF WHAT COUNTRY | MARRIED A NEVER | MARRIED - | 9 BALTIMORE CITY OF | K COUNTY OF DE | EAIR | |
| 1414. | USA | | NORCED [| Anne Aru | | inty | MD |
| 10 CITY OR TOWN OF DEATH | NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE | | TITUTION | 12a USUAL OCCUPATION | | KIND OF BUI | SINESS OR |
| ANNAPOLIS | A.A. Denar | al Hasp. | | Relined | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| USUAL RESIDENCE (IF NURSING HOME OR C | | | | | - An | mande | lis. |
| 136 STATE 136 COUNT | 4 10 | 1. | NO [] | 13. STREET ADDRESS / | ZIP CODE | net a | 140, |
| MO. A.A | HANA | | S MAIDEN NA | | - pri | 170, | (1/2/ |
| | NODLE LAST | , , | F18910 | WIDDLE | | AAST _ | 40 |
| Richard | Tur | reide No | ella | | | Spur | M |
| WAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES, GIVE | MED FORCES? 166 SOCIAL SEC | CURITY NO. 17 INFORMA | ANT | ADDRE | SS | An | nego |
| Yes Ann | 214-65 | -23334 Pau | line | - Trunes 2 | 9 Par | le d | t |
| 18 CAUSE OF DEATH (Enter only | one couse per line for tot (b). | and (c) | | | | APPROXIMATE BETWEEN ONSET | INTERVAL |
| PART I. DEATH WAS CAUSED | BY CAO! | 100 | | | 2 | mall | ALC DESIGN |
| IMMEDIATE | CAUSE 10) | 1 | | | | 77711/2 | - |
| | DUE TO, OR AS A CONSEC | UENCE OF | | | 1000 | | |
| Conditions, if ony, which | (b))nen | 1 | | | | | |
| gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEO | UENCE OF | | | | | |
| underlying couse lost. | (c) | | | | | | |
| PART 2 OTHER SIGNIFICANT CO | | DEATH BUT NOT RELATED | TO THE TERM | INAL DISEASE OR COND | DITION GIVEN IN | PART Ito | |
| 8 Pos/40. | Necht 1 | M | | | | | |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHIC | TH OPERATION WAS PERFO |)RMFD | 20g AUTOPSY? | 20b. IF YES, WER | E FINDINGS | LISED |
| 2 | | | | | IN CERTIFYING | CAUSES OF D | DEATH? |
| E | | | | YES NO | YES [| | 0 🛮 |
| OR CONTRIBUTION CAUSE OF DEAT | 216 TIME OF INJURY HOUR A.M. MONTH | DAY YEAR | JURY OCCURE | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I OR | PART 2) | |
| (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED | P.M. | 19 | | | | | |
| 21d INJURY OCCURRED | 210 PLACE OF INJURY | 211 LOCATI | | CITY OR TOV | (0) | YINUC | STATE |
| AMME NO WHILE | TAT HOME STREET FACTORY OFFICE | E FARM, ETC) STREE | | CITORIOV | 414 | /QIALT | STATE |
| 22a.l certify that (I) (this hospite |) attended the decored from | | 10 75 | 1101 | 10 | alı - a | (1) (11) 1 - 1 |
| sow the deceased-plive on_ | 1// /1 | | (our) apinion | death occurred on the do | to and house and 6 | | (I) (we) lost |
| obove, (1) (we)(dut) (did not | view the body ofter death. | | (CO) / Opinion C | | | | |
| 276 SIGNATURE | | DEGREE | ATTENIONIO | August Cont | | 21. DATE SIGN | VED |
| 1.60 | u | | PHYSICIAN E | MEDICAL STAF | | 11/1/ | |
| 224 PHYSICIAN'S NAME (TYPE OR | PRINT) | 22e ADDRES | SS | | | | |
| | | | | | | | |
| 230 BURIAL, CREMATION, REMOVAL | 23b. DATE 23 | NAME OF CEMETERY OR | CDEMATORY | 734 LOCATION | | | |
| (SPECHY) | | 1 . / | CREMATURY | CITY OR TOWN | COUN | YTY | STATE |
| Buriel | 11-12-87 1 | | ans | Crowns | wille 1 | 4.14. | May |
| 24 FUNERAL DIRECTOR | | Humansolis mi | 250. DATI | E REC'D. BY REGISTRAR | 36 REGISTRAR'S | SIGNATURE | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event,



rector, page 3 after death

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and consoled be detached for use as the burial-transit permit. Then please remave carbompapers. Pager, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death retained by the haspital or attending physician

| | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. |
|-----------------------|---|--|---|--|
| | CEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONTH DAY YEAR 26 HC |
| | RODO | | WEAVER | NOVEMBER 13, 1985 |
| . SEX | ALCOHOL TOWN TO FEE | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER YEAR IF UND |
| 1 | MALE | WHITE | AUG. 22,1934 | 51 YRS |
| | RTHPLACE STATE OR FOREIGN COUNTRY) | TE CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH |
| | LTIMORE Co. | USA | WIDOWED DIVORCED X | |
| D, CI | GLEN BURNIE | (IF NOT IN SUCH FACILITY, GIVE STREET | NG HOME OR OTHER INSTITUTION ADDRESS) DEL HOSPITAL | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY STONE CONTRACTOR |
| 30. S | | | VN 13d. INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS / ZIP CODE 5516EMORY RD. 21155 |
| FA | ATHER'S NAME FIRST | AIDDLE LAST | 15. MOTHER'S MAIDEN NA | AME LAST |
| / | CLARENCE | E. WEAV | | |
| 60 Y | WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN] (IF YES, GIVE | MED FORCESS 166 SOCIAL SECU | JRITY NO. 17 INFORMANT | 14925 HANG |
| | YES JUL . | 5- 57 214-30 | -3113JEFFREY SC | COTT WEAVER UPPERCO, 1 |
| | | y one cause per line for (o), (b), on | nd (c | APPROXIMAT BETWEEN ONS |
| | PART I. DEATH WAS CAUSED | | sessination al | ment |
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| | gove rise to immediate couse (a), stating the underlying couse lost | (c) | ence of | MINAL DISEASE OR CONDITION GIVEN IN PART 110 |
| z | gove rise to immediate couse (a), stating the underlying couse lost | (c) | ence of | MINAL DISEASE OR CONDITION GIVEN IN PART 1:0 |
| NOI | gove rise to immediate couse (a), stating the underlying couse lost | (c) | ence of | MINAL DISEASE OR CONDITION GIVEN IN PART 1:0 |
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| ICATION | gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO | ENCE OF DEATH BUT NOT RELATED TO THE TERM | |
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| | gove rise to immediate couse for stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED | ONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D. | ENCE OF DEATH BUT NOT RELATED TO THE TER/ ROPERATION WAS PERFORMED AY YEAR 19 211. LOCATION | 200 AUTOPSY? 206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEVICES O |
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SALTIMORE CO. USA X

STONE CONTRACTOR

No. BALTO. UPPERCO 570EMORY RD. 27155

CLARENCE E. WEAVER MA LINENER GILL

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YES JUL. 55- 57 214-30-3113 JEFFREY SCOTT HEAVER UPPERCO, MO.

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BURLAL 11/15/85 EMBRY CEMETERY UPPERCO CAIROLL NO. ELINE FUNCRAL HOME REISTERSTOWN, P.O.

TO HOSPITAL OR

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FOR STATE REGISTRAR

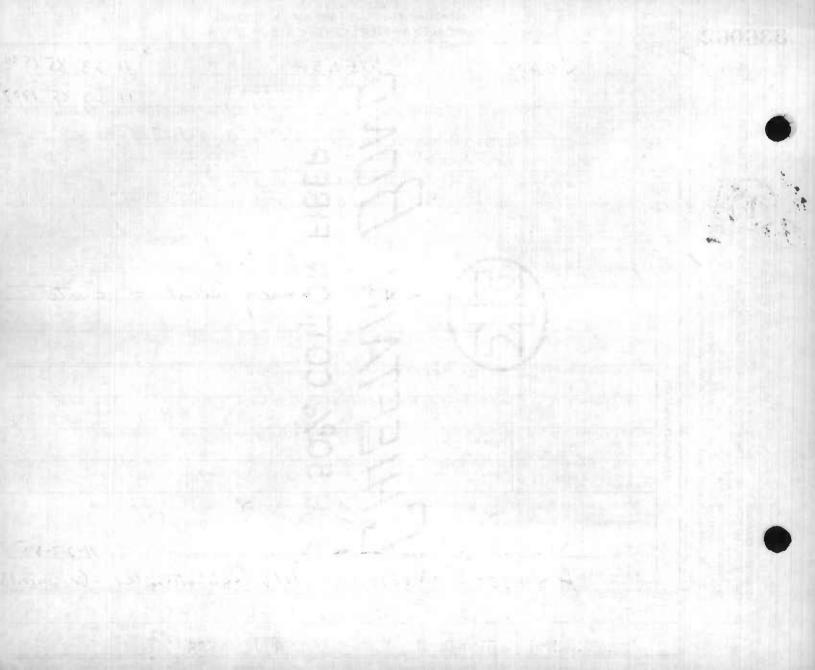
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

| DEF. | CERTIFICATE OF DEATH | | | | | | | | | |
|------|----------------------|------------------|-------|-----|------|---------|--|--|--|--|
| LE | LAST | 20 DATE OF DEATH | MONTH | DAY | YEAR | 2b HOUR | | | | |
| | Webster | | 11 | 28 | 85 | | | | | |

| | | OR PRINTS | FIRST | MI | DULE | | 131 | | ZO DATE OF DEATH | MORITI | , | 20,110 | OK |
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| 7 | 3 SEX | | 700 | RACE | | 5. DATE O | F BIRTH | | AGE (IN YEARS LAST | BIRTHDAY) | IF UNDER 1 YE | | R 24 HRS |
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| 1 | Ma | THPLACE ISTATE OR | 2000.00 | White | /HAT COUNTRY | - 1 | | | BALTIMORE CITY | | | | _ |
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| 2 | | ryland | | U.S.A | | WIDOWE | | VORCED | Anne Ar | | | | MD. |
| Λ | 10. CI | TY OR TOWN OF DEA | ATH 1 | 11. NAME OF H | OSPITAL, NURSI | | R OTHER INS | | TYPE OF WORK FOR MO | | | OF BUSIN | IESS OR |
| 1 | Ti | nthicum | | | . Hammor | | v Rd. | | Steelwor | _ | 1 | . Ste | el |
| / | USUA | AL RESIDENCE (IF NURS | ING HOME OR | DIHER INSTITUTION, C | SIVE RESIDENCE BEFO | RE ADMISSION) | | | | | | | 100 |
| 2 | | TATE | 136 COUN | | 13c. CITY OR TO | | 13d INSIDE C | | 3e STREET ADDRES | | | D.d. | 21000 |
| 6 | - | ryland | Anne | Arundel | Linthic | cum | | NO [X | | anunon | s rerry | ru. | 2105 |
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| U | La | wrence | | E. | Webste | er | | trice | V. | | Gar | rett | |
| | | VAS DECEASED EVER | | NED FORCES? | 166 SOCIAL SEC | URITY NO. | 17 INFORMA | INT | ADI | DRESS | | | |
| П | Ye | res, no or unknown) | Kore | | 214-26-4 | 4339 | Shirl | ey F. W | ebster | Same | as 13e | | |
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| | | 18 CAUSE OF DEAT PART I. DEATH W | /AS CAUSED | BY. | | | CT | | | | BL IVE | IN ONSET AIR | D DEAD! |
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| | - 7 | THE STREET | | DUE TO, OR | AS A CONSEQU | UENCE OF | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | . / 1 | 2 | | | | |
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| | | underlying cause last | | | | | | | | | | | |
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| | TIE | | | | | J. 3m | | | YES NO | | YES 🗌 | NO | |
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| À | AL | OR CONTRIBUTING | | P.A | | DAT TEAR | 100 | | | | | | |
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| | MEDIC | WHILE NOT W | | | ET FACTORY, OFFICE | E, FARM, ETC) | STREE | | CITY O | RTOWN | COUNTY | | STATE |
| | | AT WORK AT WO |)RK | | | | | | | | | | |
| | | 22a.1 certify that (1) | (this hospit | al) attended the | deceased from | | | . 19 | , to | | 19 | | |
| | | saw the deceas | ed alive on a | view the body o | tter death. | ar | d that in (my | (our) opinion de | eath accurred an th | e date and | hour and from | he causes s | stoted |
| | | 226. SIGNAJURE | L ^ ^ | 4 | | | DEGREE | | | | 22c. D/ | TE SIGNE | 0 |
| | | Patrul | OAKI | inh | | | MD | ATTENDING | MEDICAL S | TAFF | 11/ | 19/8 | 5 |
| 8 | | 22d. PHYSICIAN'S N | AME ITYPE OF | PRINTI | | | 22e ADDRES | | DIRECTOR L. PAT | 3ICIAIN [| 111/ | 0110- | |
| | | | | | | | COANTE | MIKI- 1. | T ROIT | MARK | MARYL | 0.10 | 2/201 |
| | | Dr Patri | ck A. | Burch | | | 6000 | 2046 2 | | MICE | THILFL | 1NU (| ンノケイ |
| | | BURIAL, CREMATION | REMOVAL | 236 DATE | 230 | NAME OF C | EMETERY OR | CREMATORY | 23d LOCATION | , | COUNTY | | STATE |
| | | irial | | 12/2/ | 85 0 | ak Lawı | Cemet | erv | Baltin | | | rvlar | _ |
| | | UNERAL DIRECTOR | Duda-F | | 0 | | | | REC'D. BY REGISTA | | | | |
| | | NAME | | | ADDRESS | | 2222 | n | Clo. M. IN | 800 | | A . 6 . 6 | 8.00 |
| | 70 | 922 Wise A | ve. b | Baltımor | e. Marv. | land . | 21222 | 1 14 | EU AU | ATT. | 2000 | Fringer of pr. co | THERE ILE |

| | | FOR | | | DEPART | STAT MENT OF H | | ARYLAN AND MI | | YGLENE | ن | 3 (|) (|) 6 | O |
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| 336062 | | STATE REGISTRAR | | ME | | EXAMINE | R'S C | ERTIFIC | CATEO | F DEAT | H | REG. NO. | | | L. |
| W | | CEASED NAM E OR PRINT) | E FIRST | <i>4</i> ~ | Edward | 4 | SE | LS / | + | 20 | OF ES | 51. | MONTH // |) 3 19 8 | 26 HOUR |
| Y, PLEASE UR FILES. Z HOURS N STREET, | 3 SEX | ile | 4 RACE White | Nov 29, | YEAR | 6 AGE (IN YEAR LAST BIRTHDAY | S IF UN | DER 1 YR. | IF UNDER | | DATE RONOUNCED DE AD | ^ | HTMON | DAY YEAR | 24 11001 |
| T SAN TO SAN THE SAN T | 7a BI | RTHPLACE 15 | | | HAT COUN | | . AAA DDI | ED X NE | VED MADDI | 9. | BALTIMORE | CITY OR | COUNT | | ,A |
| SE S | Pe | ennsylv | | US | A | 10 | WIDOW | | DIVORCI | ED 🗆 | | | | County | |
| PACK FILED | | Glen B | urnie | North | Arunde | Hosp | ital | er institu | TION | 12a USUA FOR MC | LOCCUPATION OF WORKING TOO TOO TOO TOO TOO TOO TOO TOO TOO TO | ON ITYPE OF | F WORK | OR INDU: | BUSINESS STRY IW |
| 130 | 13a S | | 1136 COUN | OR OTHER INSTITUTION, C TY | | OR TOWN Burni | | 13d INSIDE CI | ITY LIMITS? | 13e STREE | t ADDRESS | n Orc | harc | 210 d Rd. A | |
| 19 图测定/万 | 10- | THER'S NAME | | MIDDLE | | LAST | | 15. MOTHE | R'S MAIDE | NAME | MIDDLE | | | LAST | |
| 11 全部等 | | Jame | | J. | We1 | | | | Mary | | | | k | Kronenb | erg |
| ATTR ATTR THE FOR MISTON | 16a V | Yes | D EVER IN U.S. AR | MED FORCES? WAR OR DATES) | 16b. SOC | IAL SECURITY | NO. | Pati | ricia | W. W | elsh, | Same | as 1 | 13 | |
| DS, 201 W. PRESTONST. XECUTED WITHIN 24 HOUGH INTERNATE EXAMINER ALONG BURLAL FRANSIT PERMIT AND MENTAL HYGINE. WATION, OR REMOVAL. | | Condition gave ris couse (o lying cau | IATH WAS CAUSE IMMEDIA ns, if ony, which se to immediate stating the under- use last. | TE CAUSE (a) (b) DUE TO, OI (c) | r as a con | SEQUENCE O | F | ul m | na | 7 0 | Cus? | + - | | BETWEEN ON | ATÉ INTERVAL ISET AND DEATH |
| ECOR ENDIN AEDICA AS A ALTH | CERTIFICATION | P. | OPERATION | CONTRIBUTING TO DEATH | 11 | TED TO THE TERMIN | | 1 | | RT 1 tál | | | | 20 AUTOPS | SY? |
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| #3474G | MEDICAL | 21d. INJURY OF WHILE AT WORK | NOT WHILE [| | OF INJURY CTORY, FARM, ET | | | CATION | | | CITY OR TOWN | | COU | PNTY | STATE |
| TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWARD AFFER DEATH, WITH THE STATE BARKIMORE, MARYLAND, 213 | | death result ACTUAL SIGNATURE | NAME Natu | ge of the remains de viral causes | Accident | ve, held on Suic | Autap | , Homic | Inspection | Undeter | Inquiry mined monne | e | DATE SIGNE | 1/> 7 | 2-82 14 cm.l |
| PAGE AFTE BAGE | 23a.B | (TYPE OR PRI URIAL, CREMA | TION, REMOVAL | 236 DATE | 23c. N | IAME OF CEM | ETERY O | R CREMATO | ORY | 23d. LOC | ATION | - | -4 | - 0,00 | 0-414111 |
| 07/84 BP | { 5 | Burial | | Nov. 25, | 85 G1 | en Hav | en M | | ark | Gle | n Burn | | AA | | MD |
| DHMH - 17 (VR A15 ME (5)) | 24 1 | NAME | | kley, Ĝle | n Burr | nie, MD | | | WO | 1 2 7 | EGISTRAR 2 | SI, REGISTI | KAK'S SI | CHATURE | 00. |



JACK-SUN

10HN

26. HOUR

APPROXIMATE INTERVAL

NO IT

STATE

1446011

YES |

1833 FOREST DR. ANDHOUS, MD 21401

COUNTY

224 DATE SIGNED

11-8-81

DAYS

DHMH - 16 50M 4/83

(VRA 15, 4)

Service & white the officery to the family Harrison and St. Thomas Torist and the Market Williams THE THE Gumple - X 3734 Thomas Par No. Meymouth Core 41849EN C= 54-1832 DIRNA LLAKER # [11/11/83 St. St. Stephen Words Heath sulle Chip of wher Francis Chinge & Howard of the Miller of the

12. AND SECURITY OF THE SECURITY O Market to the State of the State of the Harris Carries Wheeler Sugar Margaret and from A good of commencer with the good Burney Water Bur house Carj. But him Call your of the state of the same of th

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
|--|---|------------------------------|--|--|
| I DECEASED NAME FIRST | WIDDIE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 2b HOUR |
| | Higinbothom | Whiteford S | Sr. 11 | 6 85 11:00 m |
| 3 SEX | 1 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| Male | Caucasian | 8 7 14 | | |
| To BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 1 BALTIMORE CITY OR COUN | TY OF DEATH |
| Pennsylvania | U.S.A. | WIDOWED DIVORCED | | County MD. |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | NG HOME OR OTHER INSTITUTIO | | 126. KIND OF BUSINESS OR |
| Crownsville | 618 Topland I | | Engineer | Government |
| USUAL RESIDENCE (IF NURSING HOME O | OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR | E ADMISSION) | TS? 13e STREET ADDRESS / ZIP CO | |
| 150. 000 | | ville YES NOX | | |
| 14 FATHER'S NAME | MIDDLE LAST | . 15 MOTHER'S MAIDE | | |
| | Archer White | ford Doris | MIDDEE | iginbothom |
| 160 WAS DECEASED EVER IN U.S. AL | | JRITY NO. ITCTOWNSV | ille, Mary Parid 2 | |
| NO (YES, NO OR UNKNOWN) (IF YES, GI | 21.3-07 | | e M. Whiteford | |
| | inly one cause per line for (a), (b), an | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUS | ED BY: ATE CAUSE (0) SUPOE | N DEATH | | |
| WW.ESI. | DUE TO, OR AS A CONSEOU | ENCE OF A | i nut | 6 |
| Conditions, if any, which | (Ib) CORO | IARY ARIE | ERY DISEASE | 7 rears |
| gove rise to immediate cause (a), stating the | DUE TO, OR AS ACONSEOU | ENCKOE | | Mins |
| underlying cause last | 10017 | atic (and | er | 5 years |
| | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE | TERMINAL DISEASE OR CONDITION O | EIVEN IN PART Ita |
| 0 | | | | |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [| 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? |
| | | | | YES NO |
| | 216. TIME OF INJURY | AY YEAR 216 HOW INJURY O | CCURRED (ENTER NATURE OF INJURY IN ITEM TO | B PART I OR PART 2) |
| IF EITHER, NOTIFY MEDICAL EXAMINE | AIH | 19 | | |
| OKCONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| WHILE NOT WHILE AT WORK | | | | 0 - |
| | mal) attended the deceased from_ | . 19_ | 83 to NOVEMBER |). 19, that (1) (tast |
| saw the deceased alive or above, (1) (www.ide) (did n | of view the body after death. | ond that in (my) (| ornion death occurred on the date and h | our and from the causes stated |
| 22h SIGNATORE | V/t | DEGREE | | 22E. DATE SIGNED |
| Elliny | an vale | PHYSICI | ING STAFF | 11/06/85 |
| 274 PHYSICIAN'S NAME (1996) | Carleman Carleman | 22e ADDRESS | | 1 |
| | | | | |
| 23a BURIAL, CREMATION, REMOVA | L 23b. DATE 23c. | NAME OF CEMETERY OR CREMAT | ORY 23d LOCATION | |

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detoched with the Stote Dept IMPORTANT: If then

24 FUNERAL DIRECTOR Raymond C. Fink

Burial 11/9/85 Dulaney Valley

Towson

Balto. Maryland

REGISTRAR 256. REGISTRAR'S SIGNATURE 250 DATE REC Glen Burnie, Md. 21061

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natas (SD) 7 7 11 5 5 Machine the transfer of the second second of the term

STATE OF MARTLAND

Nº 12 85 64 5 Francisco Character & 27 39 Principalis Marke Americal Gain Med At Shewater & 3624 Ethenout Toth The strate W- 52 - 1444 contrained which the will be a second The district French Comment A.S.C.O.D. KERPER THE BATHERIE TOSTERERS 12 51/22 - 51/4/51

| | | | FOR STATE | -22a 1/0 | 5/85 mt | | PEPART | MENT OF H | EALTH | | NTALH | | | 3 | 0 | 3 / | - The state of the |
|--------------|---|---------------|----------------------------------|--|-----------------------------|-----------------------------|--------------|--------------------|------------|-------------------------|--------------|---------------|--------------|-----------------|-------------|---------------------------|--|
| 33 | 7071 | | REGISTRAR | FIRST | | ME | MIDDLE | EXAMINE | R'S C | CERTIFIC | ATE O | | | REG. N | | | |
| 0. | | | CEASED NAME PE OR PRINT) | | | | WIDDLE | | 771 | LAST | | 2 | OF | ESTI- MATED | - | DAY YEAR | 26 HOUR |
| | DIRECTOR. OUR FILES. 72 HOURS. ON STREET. | 3 SEX | x | Jake | S. DATE C | OF BIRTH | | 6 AGE (IN YEAR | IIIa | IDER I YR. | IF UNDER | 24 HRS. 2 | C DATE | MATEU | MONTH 11/ | /26/19 8 | 773 |
| | N ST | MA | LR | BLACK | MONTH 7 | 27 | 53 | 12 RS | MONTH | | HOURS | | RONOUN | | 11. | / 26/ 8 | II:13 |
| 2,_ | 18 18 C | - | RTHFLACE IN | | 76. CITIZE | | IAT COUN | | | IED NEVI | ED AA ADDIE | D XX | BALTIM | ORE CITY | OR COUNT | Y OF DEATH | JI P M |
| | DA SE | MA | RYLAND | | U. | S.A. | | | WIDOW | | DIVORCE | | Anne | e Arur | ndel C | County, | MD. |
| | SAGE | 10. C | ITY OR TOWN O | OF DEATH | 11. NAME | IN SUCH FAC | PITAL, NUI | RSING HOME, | OR OTH | ER INSTITUTI | ION | | | PATION (TY | | 12b KIND OF 8 OR INDUS | USINESS TRY |
| | ADATA | Pien | Annapol | is | Anne | Aru | ndel | General | Hos | spital | | | | | | | |
| 21201 | AN THE SECOND | Illa S | YLAND | 13b. COI | JNTY | HUHON, GN | 13c CITY | OR TOWN VAPOLIS | 1) | 13d INSIDE CIT | NO [| 13ª STRE | Pre | siden | t Str | 2140 eet | 3 |
| MD | H-38 | H.E. | ATHER'S NAME | | WIDDLE | | | LAST | | 15. MOTHER | ST | NNAME | | IDDLE | | LAST | |
| ORE | 88 3 8 - | 1 | JAKE WAS DECEASED | EVED MILLS | 101150 5000 | | | IAMS, S | | ELI 17 INFORM | ZABE | | | ACCREC | | CART | ER |
| MITIM | A PTER SIVE PA TH FOR VISCON | YI | ES, NO, OR UNKNO | WN) LIF YES, G | ETNAM | | | -58-806° | | | | Annap WILL | olis IAMS | 1012 | Pres | 3 Milent S | treet |
| - 2 | NA N | 1 | 18 CAUSE OF | DEATH (Enter | SED RY. | | | | | | | | | | 17.5 | | TE INTERVAL ET AND DEATH |
| NO. | A SIEN | | Lecel | IMMED | IATE CAUSE (| (a) Na | rcot | SM ISEQUENCE OF | | 19-1 | | | | | 7 | | |
| PRESTON | NA NA NA | 10 | | s, if any, whi | ch | E 10, 0k | AS A CON | ISEQUENCE OF | | | | | | | | | |
| × 4 | Tall of | | cause (a) | e to immedic stating the <u>und</u> | | E TO, OR | AS A CON | SEQUENCE OF | | | | | | | 1 | | |
| 100 | 1 | | lying caus | se last. | | (c) . | | | | | | | | | | 134 | |
| RECORDS. | DENG DENG | Z | PART 2 OTHER SIG | NIFICANT CONDITIO | NS CONTRIBUTING | TO OEATH I | UT NOT RELA | TED TO THE TERMIN | AL DISEASE | E OR CONDITION | GIVEN IN PAS | T 1 a | | | | | |
| REG | THEA A HEA | CERTIFICATION | 190 DATE OF | OPERATION | 19b | CONDIT | ION FOR | WHICH OPERA | TION W | AS PERFORM | AED? | | | | | 20 AUTOPS | Y? |
| VITAL | SHO DRD DRD DRIF DRIF DRIF DRIF DRIF DRIF D | TIFIC | 1 | | | | | | | | | | | | | YES 🔯 | NO 🗆 |
| 0 | THE MORD WELDING THE CHIEF MEDICAL BE USED AS A REALT OF HEATH OF | | UNDERLYING | CAUSE WAS OR IG CAUSE C | H | TIME OF OUR A.M. P.M. | | DAY YEAR | 21c HC | OW INJURY (| OCCURRE | D LENTER NA | ATURE OF INJ | IURY IN ITEM TO | PART TORPA | RT 2) | |
| DIVISION | THIS CERTIFICATION OF WARDED TO PAGE 3 SHORT STATE DEPART 21201 PRIOR | MEDICAL | 21d INJURY O WHILE AT WORK | NOT WHILE AT WORK | | | ORY, FARM, E | (AT HOME, | | CATION | | | CITY OR TOV | WN | COL | UNTY | STATE |
| • | AL EXAMINER: THE CERTIFICATE, WHOULD BE FORWAR AL DIRECTOR: PAITH, WITH THE STATE, MARYLAND, 21. | | AT TOM | y that I took cho | arge of the restural causes | | Accident | | Autap: | y X, Hamicie TITLE (SPI | ECIFY) | Undeter | Inquiry | inner . | nd in my ap | 17/ | 27/85 |
| | TO MEDIC EXECUTE I PAGE 4 SI TO FUNER AFTER DEA | | EXAMINER'S N (TYPE OR PRIN | IT) | | , R. | | iman, M. | | | 111 | | n St | | | | |
| | 1111 | | URIAL, CREMAT | ION, REMOVA | | 400- | | AME OF CEME | | | | 23d LOC | | | COUR | | STATE |
| 07/84 25M | BP_/7/ | | UNERAL DIRECT | TOR A | 12-2- nnapol: | | Ma Id - 2 | ryland 1461 | Vet | Ceme | tery | EC'D. BY | EGINE. | Y ZO RE | ISTRAR 9 9 | Mar | yland |
| | DHMH - 17 (VR A1S ME (S)) | 100 | LIAM RE | | | WADE 32 | | | | | * | YOY : | 3919 | 385 | | - 1 anses 1 | -THIRDE |
| | | | | | SCHIP IT | TITON | 414.4 | 101 | - | | | | | 1 12 | | | |

MAG. STATE TO SEE STATE And Provident State PERSONAL PROPERTY OF THE PARTY SANS .5. . C. CARS A MARKET STATE OF THE PROPERTY OF THE PROPERTY

Appropriate Company of State Company C

(VRA 15, 4)

the section of a stolet had been a

| 326081 | 1 | FOR - STATE REGISTRAR | DEPA | | EALTH AND MENTAL HYO ICATE OF DEATH | GIENE REG. NO | 0. | | | |
|--|---------------|---|---|---------------|--|--|---|---|--|--|
| | I D | ECEASED NAME FIRST EMMI | T XXXX A. | Wi | ast 1 t. | to brite or bernin | MONTH DAY YE | 26. HOUR 9:20 A | | |
| may be poge 3 | 3. S | | 4 RACE | S. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BIRT | HDAY) IF UNDER | | | |
| rector urs of | 1 | MALE | CAUCASION | JAN | | 73 | YRS. | | | |
| nerol din 72 hou | | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | USA | WIDOWE | | 9. BALTIMORE CITY O | NDEL COUNT | у мо | | |
| s offer d | | T. MEADE | (IF NOT IN SUCH FACILITY, GIVE STI KIMBROUGH ARM | REET ADDRESS) | | 120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O RETTRED | ON IF WORKING LIFE) 12b. K INDU MT | IND OF BUSINESS OR STRY | | |
| BALTIMORE, MARYLAND 21201 Little Completely filled in by nopers. Pages 1 and 2 should be filled in the medical expanse, must be not the must | 5 MA | UAL RESIDENCE (IF NURSING HOME OF STATE 136 COUT ANNE | R OTHER INSTITUTION, GIVE RESIDENCE BY NTY 134 CITY OR THE ARUNDELHANOVER | OWN | 13d. INSIDE CITY LIMITS? | | BOX 83 TRAILAR P | ARK - 2107 | | |
| MARYLA withir ond 2:s | 20 | Ashford Th | nomas Wilt | | Mary Marthan | MIDDLE | | orris | | |
| MORE, I | 1 160 | WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV NO | RMED FORCES? 166 SOCIAL SI 217-05- | | WALTRAUD WII | ADDRESS LT (WIFE) SAME AS DECEASED | | | | |
| BALT ppers vol. | | 18 CAUSE OF DEATH (Enter of | nly ane cause per line far (a), (b) ED BY: | , and (c1.1 | ADDECT | | | APPROXIMATE INTERVAL TWEEN ONSET AND DEATH | | |
| | | | TE CAUSE (a) | ANDIAC | | | 6 | 0 minutes | | |
| death ce table to the control of the | | Canditians, if any, which | DUE TO, OR AS A CONSE | QUENCE OF | erotic Heart 1 | Disease | IIn | known | | |
| W.P not the by the sse rer crem | | gave rise to immediate cause (a), stating the underlying cause last. | | | structive Pu | | | known | | |
| RDS, 301 squires the signed Then plece to buriol njury, or | Z | | CONDITIONS CONTRIBUTING | | | | DITION GIVEN IN PA | RT 1(a) | | |
| L RECOR | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WH | ICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FIN CERTIFYING CA | INDINGS USED AUSES OF DEATH? | | |
| SICIAN: The le ng physician. certificate hos rial-transit per ental Hygiene from 18 shows | // | OR CONTRIBUTING CALISE OF OF | | DAY YEAR | 21c. HOW INJURY OCCUR | 7 | RY IN ITEM 18, PART 1 OR PA | RT 2) | | |
| DIVISION OF VI DING PHYSICIAN: or affer this certificate os the burial-tran sith and Mental Hy marked or frem 18 | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF | | 211 LOCATION STREET | CITY OR TOV | AN CONN | TY STATE | | |
| R ATTENDIN hospital or of RECTOR: Aft ppt. of Health em 21 is mor | | 220.1 certify that (1) (this hasp | nital) attended the deceased from | | nd that in (my) (aur) apinian | death accurred on the de | ate and haur and fra | , that (I) (we) last im the causes stated | | |
| A Popper | | 22b. SIGNATURE | D. Zelis M. | A. I | DEGREE ATTENDING PHYSICIAN [| MEDICAL STA | FF _ 19 | DATE SIGNED 8 NOV 1985 | | |
| O HOSPITAL etained by th TO FUNERAL should be det with the State | | JOSEPH D. ZEL | LIGS, LTC, MC, | CHIEF | 22e. ADDRESS KIMBROUGH | ARMY COMMUN | ITY HOSPI | TAL | | |
| 55 543 34 | 230 | BURIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY | STATE | | |
| BP | 24 | Burial FUNERAL DIRECTOR | 22 Nov. 85 | Meadowr | idge Mem. Pk | Elkridge | | MD | | |
| DHMH - 16 25M (VR A 15 (4)) 9/7- | | NAME | ey Glen Burnie | | 134.04 | M7 7 7 1085 | Maria Maria | on Andree | | |

337108

| | 1- | FOR STATE REGISTRAR | | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | | | | | | | | | | | |
|---|-----------------------------------|--|------------------|--|------------------------------|------------------------|--|---|---------------------|-------------------------------------|----------------------------|-------------------|------------|----------------|--|
| 1 | 1. DECEASED NAME FIRST | | | MIDDLE | | | 20 DATE OF DEA | | | FDEATH | H MONTH DAY YEAR 26 HOUR | | | | |
| | BEATRICE | | | c woo | | | DARD | | | 1 | 11 24 85 4-M | | | | |
| 2 | 3. SEX | I. SEX | | 4 RACE S DATE O | | | | YEAR | 6 AGE (IN | YEARS LAST BIR | THDAY) IF | UNDER I YEAR | IF UNDER | 24 HRS MIN. | |
| 1 | + | -EMALE | | BLACK | | 5 | 5 13 29 | | | 36 YRS | | | | | |
| ~ | C | G. BIRTHPLACE STATE OR FOREIGN COUNTRY) | | 76 CITIZEN OF WHAT COUNTRY? | | | MARRIED XXIEVER MARRIED | | | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| 4 | | MARYLAND 8 CITY OR TOWN OF DEATH | | U.S.A. WI | | WIDOWE | | ANNE ARUNDEL COUNTY MD. 126 USUAL OCCUPATION 126 KIND OF BUSINESS OR | | | | | | | |
| 2 | ANN | VAPOLIS | | ANNE A | ARUNDEL GI | | | K FOR MOST C | | INDUSTRY | 8 | .33 OK | | | |
| | 13a S | L RESIDENCE (IF NURSI TATE RYLAND | 13b COUNTY | PER INSTITUTION | IN RESIDENCE BEFORE ANN APOL | 1 | 13d INSIDE CITY | LIMITS? | 13e.STREET | ADDRESS | zip code | n Road | 01 | | |
| 1 | 14 FATHER'S NAME | | | MIDDLE LAST | | | 15 MOTHER'S M | 15 MOTHER'S MAIDEN NAME | | | | | | | |
| | RANDOLPH | | | SMITH | | | LOUISE ANDERSON | | | | | V | | | |
| | 160 WAS DECEASED EVER IN U.S. ARI | | | WAR OR DATES) 166 SOCIAL SECURITY NO. 212-31-8422 | | | 17. INFORMANT Annapolis, Mary and 21 AVON WOODARD Sr. 313 Forest | | | | | 401 Beach Road | | | |
| | | Canditions, if any, gove rise to imm cause (a), stating underlying cause | nediate g the | (b) | AS A CONSEQUEN | 10. | respul | 0 | 3400 | 2110 | 2 | | | | |
| | NOI | PART 2 OTHER SIGN | IIFICANT COM | NDITIONS CO | DOLLA C | ATH BUT | NOT RELATED TO | THE TERM | INAL DISEAS | E OR CON | DITION GIVEN | IN PART Ho | | | |
| 4 | CERTIFICATION | 19a DATE OF OPERAT | ION | 196 CONDI | TION FOR WHICH O | PERATIO | N WAS PERFORM | ED | 20a AUTO | NO [| 20b. IF YES, VIN CERTIFYIN | VERE FINDIN | OF DEAT | H2 | |
| 1 | | 21g ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC | AUSE OF DEATH | 216. TIME OF HOUR A./ | M. MONTH DAY | YEAR | 21c. HOW INJUR | Y OCCURR | RED (ENTERNA | ATURE OF INJUI | RY IN ITEM 18 PART | I OR PART 2) | 10 | | |
| | MEDICAL | 16 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) | | | RM ETC) | 211 LOCATION STREET | CITY OR TOWN | | | COUNTY STATE | | | | | |
| | | 220 1 certify that | | | deceased from | 7 | , | 9.85 | , to | 1-26 | 7 19. | 8 | that (v | we) last | |
| | | saw the decease abave Di (we) (d | | ew the body | after death | , an | id that in (my) (au | r) apinian c | death accurre | ed an the de | ate and have a | nd from the c | causes sta | ated | |
| | | 226 SIGNATURE | 4 K | note | 66 TI | りと | | NDING SICIAN-E | MEDICAL DIRECTOR | STAI | | 220 DATE S | 25 | -8 | |
| | | 22d. PHYSICIAN'S NA | ME (TYPE OR PR | 4011 | mp | | 270 ADDRESS | RI | de | 1/ | Two h | (11)20 | 2,4 | (Dry | |

IMPORTANT: If Item 21

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL

23c NAME OF CEMETERY OR CREMATORY 236 DATE

COUNTY ASBURY BROADNECK CEME St. Margarets A Maryland

BURIAL 11-27-1985 ASBUR 24 FUNERAL DIRECTOR Annapolis, Md. 21401 WILLIAM REESE & SONS MORTUARY, P.A.

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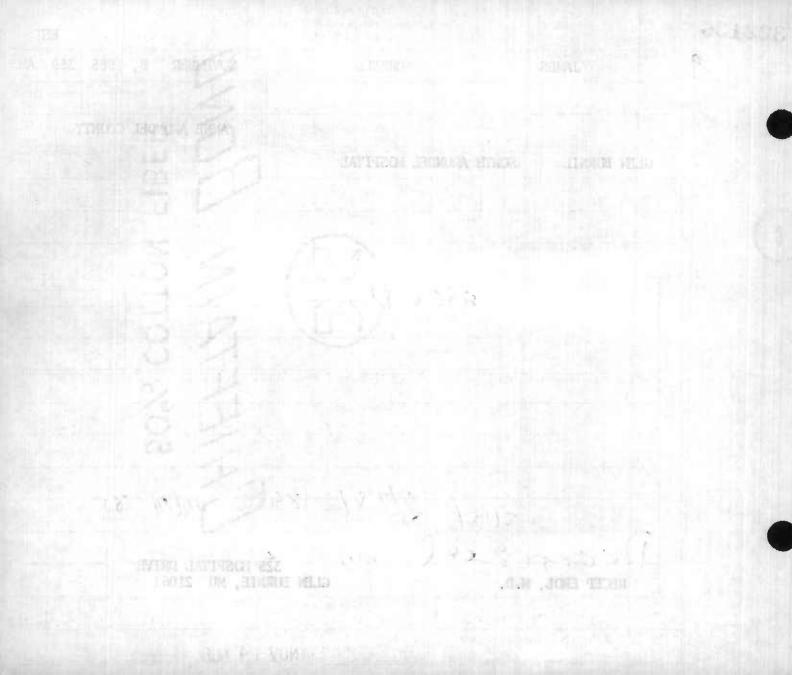
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And Park the Carlotte Carlotte

Author Author Author Author

TA. A. TEMETRO CERNS A FRANCISCO NATIONAL



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20. DATE KNOWN 2b. HOUR LIYPE OR PRINT OF ESTI-SHOLA 2d. HOUR DATE White LAST BIRTHDAY PRONOUNCED 65 YRS DEAD TO BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Nwe York US Anne Arundel WIDOWED DIVORCED ID CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 12h. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Electrician US. Gov. Dunkirk Fair Haven Road ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LINITS? 130 STREET ADDRESS BALTIMORE, MD. 21201 Dunkirk Maryland Haven Road Fair 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Yakubowsky MIDDLE LAST UNK. 17 INFORMANT bookerkley Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. Yes, NO, OR UNKNOWN) 12 0763 John J. Yakubowsky Orman Fl. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH JAR: ITALS.

ATE. WRITING THE WORL.

FORWARDED TO THE CHIEF MEDICAL EXAMINATION FROM TOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMITOR: STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO K 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION PAGE 4 SHOULD BE FORWARD
TO FUNERAL DIRECTOR: PAGE 3:
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY X 22e I certify that I took charge of the remains described above, held on Autopsy and in my apinian Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY ACTUAL 21032 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 11/10/85 Cedar Hill Cem Suitland -BurialCremation PG Md. 07/B4 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNA Rausch Funeral HOme ADDR Geings Md . 20736 **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

